

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000006253

1. Entity Name
**DUNNELLON BUSINESS CENTER OWNERS'
ASSOCIATION, INC.**



Principal Place of Business

377 NW 14TH SE
OCALA, FL 34475

Mailing Address

POST OFFICE BOX 1389
OCALA, FL 34478



01092004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3755873

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MOXON, HENRY J
377 NW 14TH ST
OCALA, FL 34475

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000094282
03/22/04-80053-010 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HENRY J. G. MOXON 377 N.W. 14TH STREET OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MOXON, MARJORIE L 377 N.W. 14TH STREET OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SWEARINGEN, DONALD G 377 N.W. 14TH STREET OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Henry J. G. Moxon Pres.*

**HENRY J. G. MOXON
PRESIDENT**

3/17/04 352/732-2324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #