

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2006 08:00 A**  
**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**



01252006 No Chg-NP CR2E037 (11/05)

**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 reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	HENRY J. G. MOXON
STREET ADDRESS	377 N.W. 14TH STREET
CITY-ST-ZIP	OCALA, FL 34470
TITLE	STD
NAME	MOXON, MARJORIE L
STREET ADDRESS	377 N.W. 14TH STREET
CITY-ST-ZIP	OCALA, FL 34470
TITLE	VD
NAME	SWEARINGEN, DONALD G
STREET ADDRESS	377 N.W. 14TH STREET
CITY-ST-ZIP	OCALA, FL 34470
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 exemptions contained in Chapter 119, 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, Pres.** 3/24/06 352/132-2324  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #