## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 08, 2004 8:00 am Secretary of State DOCUMENT # N02000003995 1. Entity Name 04-08-2004 90056 019 \*\*\*\*61.25 OCALA/MARION COUNTY ECONOMIC DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 1515 EAST SILVER SPRINGS BOULEVARD P.O. BOX 459 24038032 OCALA FL 34478 SUITE 201 OCALA FL 34470 2. Principal Place of Business 3. Mailing Address 3003 SW College Rd. 3003 SW College Rd. The Enterprise Center #105 Suite, Apt. #, etc. The Enterprise Center #105 MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-1095184 Ocala, FL Ocala, FL Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34474 USA 34474 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HODGE, ELIZABETH F Street Address (P.O. Box Number is Not Acceptable) 121 N.W. 3RD STREET OCALA FL 34475 Zip Code 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 trie 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change Addition DASSANCE, CHARLES NAME NAME 3003 SW College Rd., #105 The Enterprise Center Ocala, FL 34474 1515 EAST SILVER SPRINGS BOULEVARD #201 STREET ADDRESS STREET ADDRESS OCALA FL 34470 CITY-ST-7IP City-St-7IP X Change TITLE ☐ Delete TITLE ☐ Addition **EWERS RON** NAME NAME 3003 SW College Rd., #105 The Enterprise Center 1515 EAST SILVER SPRINGS BOULEVARD #201 STREET ADDRESS STREET ADDRESS **OCALA FL 34470** CITY-ST-ZIP CITY-ST-ZIP Ocala, FL 34474 Schneider, Jim 3003 SW College Rd., #105 The Enterprise Center Ocala, FL 34474 X Addition TITLE ☐ Change TITLE Delete MICHELL-DYER ---NAME NAME 1515 EAST SILVER SPRINGS BOULEVARD #201 STREET ADDRESS STREET ADDRESS OCALA FL 34470 CITY-ST-ZIP CITY-ST-ZIF TITLE TITLE ☐ Change X Addition Delete Smith, Ron 3003 SW College Rd., #105 The Enterprise Center Ocala, FL 34474 ROBERTS, SUSAN NAME NAME 1515 EAST SILVER SPRINGS BOULEVARD #201 STREET ADDRESS STREET ADDRESS OCALA FL 34470 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition TESCH, PETER NAME NAME 3003 SW College Rd., #105 The Enterprise Center 1515 EAST SILVER SPRINGS BOULEVARD #201 STREET ADDRESS STREET ADDRESS OCALA FL 34470 CITY-ST-ZIP CITY-ST-ZIP <u>Ocala, FL 34474</u> ☐ Delete X Change TITLE TITLE [ ] Addition VERMILLION, LYNETTE NAME NAME 3003 SW College Rd., #105 The Enterprise Center 1515 EAST SILVER SPRINGS BOULEVARD #201 STREET ADDRESS STREET ADDRESS **OCALA FL 34470** CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 using 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.

SIGNING OFFICER OR DIRECTOR

**SIGNATURE** 

FL

Date

Daytime Phone #

FILED