

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90302 015 \*\*\*\*61.25

**DOCUMENT # N02000007619**

1. Entity Name  
**MARION COUNTY MULTICULTURAL AND EDUCATIONAL  
ALLIANCE, INC.**



Principal Place of Business  
**86 CEDAR ROAD  
OCALA, FL 34472**

Mailing Address  
**PO BOX 5717  
OCALA, FL 34478**

**44039186**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**THAKUR, VIDYA  
86 CEDAR ROAD  
OCALA, FL 34472**

7. Name and Address of New Registered Agent

Name **CRESS, NORMA**

Street Address (P.O. Box Number is Not Acceptable)  
**2156 CR 437 A**

City **LAKE PANASOFFKEE FL** Zip Code **33538**

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 reappointing)

DATE

**4-23-04**

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete  
NAME **THAKUR, VIDYA**  
STREET ADDRESS **86 CEDAR ROAD**  
CITY-ST-ZIP **OCALA, FL 34472**

TITLE **VD** ☐ Delete  
NAME **CRESS, NORMA L**  
STREET ADDRESS **PO BOX 605**  
CITY-ST-ZIP **LAKE PANASOFFKEE, FL 33538**

TITLE **SD** ☐ Delete  
NAME **KIEFER-SHELTON, SUZANNE**  
STREET ADDRESS **PO BOX 1124**  
CITY-ST-ZIP **WEIRSDALE, FL 32195**

TITLE **TD** ☐ Delete  
NAME **PASCO, JUANA**  
STREET ADDRESS **14882 SW 48TH AVE**  
CITY-ST-ZIP **OCALA, FL 34473**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition  
NAME **SEPTEMBER KETCHAM**  
STREET ADDRESS **628 FAIRWAYS CIR**  
CITY-ST-ZIP **OCALA, FL 34472-2256**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-23-04**