


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2005 8:00 am
Secretary of State

07-01-2005 90002 010 ****61.25

| | |
|---|---|
| DOCUMENT # N04000000994 |  |
| 1. Entity Name PALMER FAMILY FOUNDATION, INC. | |

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|---|---|
| Principal Place of Business 3233 SW 33RD ROAD, STE. 201 OCALA, FL 34478 | Mailing Address 3233 SW 33RD ROAD, STE. 201 OCALA, FL 34478 |
|---|---|

20060991



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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

06302005 Chg-NP CR2E037 (10/03)

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|------------------------------------|--|
| 4. FEI Number 20-0688282 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent VREELAND, JOHN K ESQ. ONE LAKE MORTON DRIVE LAKELAND, FL 33081 | | 7. Name and Address of New Registered Agent Name Margaret Palmer Parks Street Address (P.O. Box Number is Not Acceptable) 709 Southeast 15th Avenue City Ocala FL Zip Code 34471 | |
|--|--|--|--|

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 *Margaret Palmer Parks* DATE 6/30/05
Signature, word or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by September 7, 2005**

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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D PALMER AYRES, MARGARET 1318 SOUTHEAST EIGHT STREET OCALA, FL 34471 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D KLEIN, SUSAN P 1240 SE 12TH COURT OCALA, FL 34471 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D PALMER PARKS, MARGARET 709 SOUTHEAST 15TH AVENUE OCALA, FL 34471 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Margaret Palmer Parks* DATE 6/30/05 352-237-6145
Signature, word or printed name of signing officer or director Date Daytime Phone #