

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000000994

1. Entity Name

PALMER FAMILY FOUNDATION, INC.



Principal Place of Business

3233 SW 33RD ROAD, STE. 201
OCALA, FL 34478

Mailing Address

3233 SW 33RD ROAD, STE. 201
OCALA, FL 34478

DO NOT WRITE IN THIS SPACE



01052006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

20-0688282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALMER PARKS, MARGARET
709 SOUTHEAST 15TH AVENUE
OCALA, FL 34471

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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	D
NAME	PALMER AYRES, MARGARET
STREET ADDRESS	1318 SOUTHEAST EIGHT STREET
CITY-ST-ZIP	OCALA, FL 34471
TITLE	D
NAME	KLEIN, SUSAN P
STREET ADDRESS	1240 SE 12TH COURT
CITY-ST-ZIP	OCALA, FL 34471
TITLE	D
NAME	PALMER PARKS, MARGARET
STREET ADDRESS	709 SOUTHEAST 15TH AVENUE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

01/11/06-80013-002 \$1.25

**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:

Margaret Palmer Parks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/06

352-237-6145

Date

Daytime Phone #