

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 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**



01022007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**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, 2007**

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
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STREET ADDRESS
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U00000596410
01/23/07-80078-014 61.25

**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

1/17/07

Date

352-237-6145

Daytime Phone #