

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jun 21, 2005 8:00 am
Secretary of State

06-08-2005 90002 033 ****61.25

DOCUMENT # N04000003032

1. Entity Name
INTERGROUP 17, INC.



Principal Place of Business
2214 E SILVER SPRINGS BLVD
#11
OCALA, FL 34470 US

Mailing Address
PO BOX 1192
OCALA, FL 34478 US



2. Principal Place of Business

2214 E. Silver Springs Blvd
Suite, Apt. #, etc. SUITE #11

3. Mailing Address

P.O. Box 1192
Suite, Apt. #, etc.

City & State
OCALA, FL

City & State
OCALA, FL

04132005 Chg-NP CR2E037 (10/03)
AZ 59-3408982

4. FEI Number

Applied For
Not Applicable

Zip
34470

Country
U.S.A.

Zip
34478

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

THRIFT, RUTH E MANAGER
3718NE 8TH PLACE
APT 106B
OCALA, FL 34470

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 the obligations of registered agent.

SIGNATURE

Ruth E. Thrift

(NOTE: Registered Agent signature required when reappointing)

6/6/05

DATE

Filing Fee is \$61.25
Due by May 1, 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

TITLE ☐ Delete

NAME
CRANE, ROBERT
STREET ADDRESS
5579 SE 44TH CIRCLE
CITY-ST-ZIP
OCALA, FL 34480

TITLE ☐ Delete

NAME
MEYER, DIANE
STREET ADDRESS
1424 SE 14TH AVE
CITY-ST-ZIP
OCALA, FL 34471

TITLE ☐ Delete

NAME
MALNASI, LESLIE
STREET ADDRESS
4160 SW 20TH AVE
CITY-ST-ZIP
OCALA, FL 34474

TITLE ☐ Delete

NAME
TUCKER, CHERYL
STREET ADDRESS
14420 SW 39TH CT RD
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 ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

Ruth E. Thrift
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/05
Date

Daytime Phone #