2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2012
Secretary of State

DOCUMENT# N08000008443

Entity Name: MARION COUNTY KIDNEY FOUNDATION, INC.

Current Principal Place of Business:

2980 S.E. 3RD COURT
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

2980 S.E. 3RD COURT
OCALA, FL 34471 US

New Mailing Address:

FEI Number: 26-3333665 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PINA, DOLORES
2980 S.E. 3RD COURT
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: C
Name: BANFIELD, MICHELLE
Address: 4504 S.W. 46TH DRIVE
City-St-Zip: GAINESVILLE, FL 32608 US

Title: V
Name: LAKSHMINARAYANAN, SURESH
Address: 2980 S.E. 3RD COURT
City-St-Zip: OCALA, FL 34471 US

Title: T
Name: SCHLOSSER, DEBBIE
Address: 2980 S.E. 3RD COURT
City-St-Zip: OCALA, FL 34471 US

Title: S
Name: PINA, DOLORES
Address: 1415 N.E. 46TH ROAD
City-St-Zip: OCALA, FL 34470 US

Title: MBR
Name: CLYMER, WOODROW
Address: 2980 SE 3RD COURT
City-St-Zip: OCALA, FL 34471

Title: MBR
Name: NWAKOBY, IZUCHUKWU E
Address: 2980 SE 3RD COURT
City-St-Zip: OCALA, FL 34471

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DEBBIE L SCHLOSSER T 04/24/2012

Electronic Signature of Signing Officer or Director Date