FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 MAY -1 PM 2:54
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N11601** **(4)**

1. Corporation Name
MUNROE REGIONAL DEVELOPMENT FOUNDATION, INC.

Principal Place of Business	Mailing Address
1101 SW 1ST AVE STE 3 OCALA FL 34474 US	P.O. BOX 4349 OCALA FL 34478-4349 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/15/1985**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2649773** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

JONES SHARON A.
2121 SW 37TH ST RD
OCALA FL 34474

10. Name and Address of New Registered Agent

31 Name: Steven H. Gray
32 Street Address (P.O. Box Number is Not Acceptable): 125 NW 1st Avenue
33
34 City: Ocala FL 35 Zip Code: 34475

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 4/25/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~CD~~	11 TITLE	CD	☑ Change ☐ Addition
NAME	~~BARNETT, BOB~~	12 NAME	ANDERSON, DR. NORMAN H.	
STREET ADDRESS	~~10818 SW 87TH TERR~~	13 STREET ADDRESS	2020 SE 17th STREET	
CITY-ST-ZIP	~~OCALA FL~~	14 CITY-ST-ZIP	OCALA FL 34471	
TITLE	TD	21 TITLE	D	☑ Change ☐ Addition
NAME	BROWN, CONNIE	22 NAME		
STREET ADDRESS	109 W SILVER SPRINGS BLVD	23 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	PALMER, DIANE	32 NAME	300001478793	
STREET ADDRESS	3080 SW 53RD ST	33 STREET ADDRESS	-05/08/95--01046--008	
CITY-ST-ZIP	OCALA FL	34 CITY-ST-ZIP	*****61.25 *****61.25	
TITLE	D	41 TITLE		☑ Change ☐ Addition
NAME	POTAPOW, TONI	42 NAME	ELIMINATE Potapow, Toni	
STREET ADDRESS	5500 S.E. 17TH STREET	43 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	TD TAW 5-1-95	☑ Change ☐ Addition
NAME	LITTLE, BOB	52 NAME		
STREET ADDRESS	109 W SILVER SPRINGS BLVD	53 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	54 CITY-ST-ZIP		
TITLE	M	61 TITLE		☑ Change ☐ Addition
NAME	JONES, SHARON A	62 NAME	ELIMINATE Jones, Sharon	
STREET ADDRESS	2121 S.W. 37TH ST RD	63 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

404

SIGNATURE: [signature] [signature] 4-25-95 732-8121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0065468