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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



3. Date Incorporated or Qualified

10/15/1985

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRAY, STEVEN H
125 N.W. 1ST AVE.
OCALA FL 34475**

81 Name **Connie Brown**

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

109 W Silver Springs Blvd

83

84 City **Ocala**

FL 85 Zip Code **34475**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Connie Brown
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE **CD** ☒ DELETE

NAME **ANDERSON, NORMAN H DR**

STREET ADDRESS **2020 S.E. 17TH ST.**

CITY-ST-ZIP **OCALA FL 34471**

TITLE **D** ☐ DELETE

NAME **BROWN, CONNIE**

STREET ADDRESS **109 W SILVER SPRINGS BLVD**

CITY-ST-ZIP **OCALA FL 34475**

TITLE **SD** ☒ DELETE

NAME **PALMER, DIANE**

STREET ADDRESS **3080 SW 53RD ST**

CITY-ST-ZIP **OCALA FL**

TITLE **TD** ☐ DELETE

NAME **LITTLE, BOB**

STREET ADDRESS **109 W SILVER SPRINGS BLVD**

CITY-ST-ZIP **OCALA FL**

TITLE **SD** ☐ DELETE

NAME **MANNY MERIS**

STREET ADDRESS **2240 SE 5th Street**

CITY-ST-ZIP **Ocala FL 34471**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **C.D** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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.

SIGNATURE:

Connie Brown

CR2E037 (10/97)