2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2004 8:00 am
Secretary of State
05-07-2004 90115 013 ****61.25

DOCUMENT # N11601

1. Entity Name
MUNROE FOUNDATION, INC.

Principal Place of Business	Mailing Address
1101 SW 1ST AVE STE 203 OCALA, FL 34474 US	P.O. BOX 4349 OCALA, FL 34478-4349 US

[redacted]

01082004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2649773
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, SHARON A
1101 SW 1ST AVE
STE 203
OCALA, FL 34474

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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: Sharon A. Jones 4-28-04
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, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TC
NAME	JOHNSON, LOIS
STREET ADDRESS	1956 SE WESTBROOK CT
CITY-ST-ZIP	OCALA, FL 34471
TITLE	T
NAME	FONTAINE, JANE
STREET ADDRESS	1308 SE 25TH LOOP STE 101
CITY-ST-ZIP	OCALA, FL 34471
TITLE	VC
NAME	BROWN, CONNIE E
STREET ADDRESS	4040 SE 3RD STREET
CITY-ST-ZIP	OCALA, FL 344713105
TITLE	S
NAME	PLUNKETT, OLIVER
STREET ADDRESS	P.O. BOX 1057
CITY-ST-ZIP	OCALA, FL 34478
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Sharon A. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #