


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90018 041 ****61.25

DOCUMENT # N11601 1. Entity Name MUNROE FOUNDATION, INC.					
Principal Place of Business 1101 SW 1ST AVE STE 203 OCALA, FL 34474 US			Mailing Address P.O. BOX 4349 OCALA, FL 34478-4349 US		
2. Principal Place of Business 1121 SW 1st AVE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State OCALA, FL		City & State		4. FEI Number 59-2649773	
Zip 34474		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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			7. Name and Address of New Registered Agent Name BETH Mc CALL Street Address (P.O. Box Number is Not Acceptable) 1121 SW 1st AVE City OCALA FL Zip Code 34474		
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 <u><i>Beth McCall</i></u> 2/21/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC JOHNSON, LOIS 1956 SE WESTBROOK CT OCALA, FL 34471	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIR TERRY CRAWFORD PO BOX 1509 OCALA, FL 34478
<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FONTAINE, JANE 1308 SE 25TH LOOP STE 101 OCALA, FL 34471	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE CHAIR CRAIG CURRY 47 SW 17TH STREET OCALA, FL 34474-5198
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PLUNKETT, OLIVER P.O. BOX 1057 OCALA, FL 34478	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Terry Crawford</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2.21.06 Daytime Phone #		

TERRY CRAWFORD, CHAIR