



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90209 029 ****61.25

DOCUMENT # N11601 1. Entity Name MUNROE FOUNDATION, INC.					
Principal Place of Business 1121 SW 1ST AVE OCALA, FL 34474 US			Mailing Address P.O. BOX 4349 OCALA, FL 34478-4349 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2649773 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03302007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent MCCALL, BETH 1121 SW 1ST AVE OCALA, FL 34474			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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> <u>4/18/07</u> DATE <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, 2007		9. Election Campaign Financing Trust Fund Contribution. <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	CHTD CRAWFORD, TERRY P.O. BOX 1509 OCALA, FL 34478	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCHR CURRY, CRAIG 47 SW 17TH ST OCALA, FL 344745198	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CURRY, CRAIG 47 SW 17TH ST OCALA, FL 344745198	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, LOIS 1956 WESTBROOK CT. OCALA, FL 34471	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLUM, CRAIG 1520 SE 24TH AVE OCALA, FL 34478	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERGLE, GERALD 3631 SE 12TH PLACE OCALA, FL 34471	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached <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>Craig Gillum</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



2/01/07

Marcie Bailey
Community Volunteer
PO Box 369
Oxford, FL 34484

Bill Chambers
Merrill Lynch
1430 SE 5th St
Ocala, FL 34471

Carmen Greiner
Community Volunteer
1621 SE 17th Ave
Ocala, FL 34471

Randy Klein
Attorney
333 NW 3rd Ave
Ocala, FL 34475

Bob Little
AmSouth Bank of Florida – President/CEO
P. O. Box 280
Ocala, FL 34478

Linda Marks
Ocala Magazine - Publisher
P.O. Box 4649
Ocala, FL 34478

Jim Maguire
SunTrust
PO Box 310
Ocala, FL 34478

Kevin McDonald
Allstate Insurance Company - President
2118 SW 20th Place, Suite 101
Ocala, FL 34474

Judy O'Farrell
Ocala Stud Thoroughbred Farm / Owner
2000 NW 95th Street
Ocala, FL 34475

Joan Pletcher
Joan Pletcher Realty
11 SE Hwy 484
Ocala, FL 34480

Board of Directors

ATTACHMENT

40083496

#N11601

Parnell Townley
County Commissioner Emeritus
PO Box 1000
Candler, FL 32111