

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2003 8:00 am
Secretary of State

08-29-2003 90094 044 ****61.25
04-24-2003 90143 038 ****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

55055809



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-2649773**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Sharon A Jones

8/18/03

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

(P.C. E. Registered Agent, signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	T Chair	<input type="checkbox"/> Delete
NAME	JOHNSON, LOIS	
STREET ADDRESS	1956 SE WESTBROOK CT	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RASBURY, FRANK	
STREET ADDRESS	947 OAK TRACE COURSE	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	STOUT, BONNIE	
STREET ADDRESS	302 SE BROADWAY STREET	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	FONTAINE, JANE	
STREET ADDRESS	1308 SE 25TH LOOP STE 101	
CITY-ST-ZIP	OCALA FL 34471	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Vice Chair	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Connie E. Brown	
STREET ADDRESS	4040 SE 3rd Street	
CITY-ST-ZIP	Ocala, FL 34471-3105	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Oliver Plunkett	
STREET ADDRESS	PO Box 1057	
CITY-ST-ZIP	Ocala, FL 34478	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

Sharon A Jones

9-02-03 352 351-7233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (Y)

Daytime Phone #

CR2E037 (4/03)

ROE FOUNDATION INC
P O Box 4349
Ocala, FL 34478-4349
Ph. 352-351-7233

1 800 AMSOUTH

477

63-466/631

8/14/03

DATE

THE
OF

Florida Department of State

\$ 61.25

Sixty - One & 25/100

DOLLARS



AMSOUTH BANK

THE RELATIONSHIP PEOPLE

FOR

⑈000477⑈ ⑆063104668⑆ 339170950⑆

Lisa J. Johnson
Shirley A. Jones

Attachment#

This is copy of check
sent to you prior.

55055809

N11601

This is also
copy of report