

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90508 002 ****61.25

DOCUMENT # N16787

1. Entity Name

TOTALMAN MISSION CENTER, INC.



Principal Place of Business

**6304 OLD GAINESVILLE RD.
OCALA, FL 34475**

Mailing Address

**323 NW 26TH ST.
OCALA, FL 34475**



01132004 No Chg-NP

CR2E037 (10/03)

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4. FEI Number

59-2999240

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WALKER HOLT, MARY ANN
323 NW 26TH ST.
OCALA, FL 32674**

**DO NOT WRITE
IN THIS SPACE**

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

Mary Ann Walker Holt

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	PD
NAME	WALKER, MARY ANN
STREET ADDRESS	323 NW 26TH ST.
CITY-ST-ZIP	OCALA, FL 34475
TITLE	TD
NAME	MCKINELY HOLT, RONNIE
STREET ADDRESS	323 NW 26TH ST
CITY-ST-ZIP	OCALA, FL 34475
TITLE	SD
NAME	JOYNER, LITTLE VAL
STREET ADDRESS	323 NW 26TH ST
CITY-ST-ZIP	OCALA, FL 34475
TITLE	VD
NAME	ELLIS, ELINOR R
STREET ADDRESS	320 S.W. 56 AVE.
CITY-ST-ZIP	OCALA, FL 34482
TITLE	SD
NAME	JACKSON, BEVERLY
STREET ADDRESS	323 NW 26TH ST
CITY-ST-ZIP	OCALA, FL 34475
TITLE	PD
NAME	JOHNSON, TERASA
STREET ADDRESS	115 SE 25 AVE
CITY-ST-ZIP	OCALA, FL 34475

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IN THIS SPACE**

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:

Mary Ann Walker Holt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #