2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-12-2005 90124 050 ****61.25

N16787

FILED

05 MAY 11 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16787

1. Entity Name
TOTALMAN MISSION CENTER, INC.

Principal Place of Business	Mailing Address
6304 OLD GAINESVILLE RD. OCALA, FL 34475	323 NW 26TH ST. OCALA, FL 34475

04022005 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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD Walker Holt, Mary Ann
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	ELLIS, LESTON
STREET ADDRESS	320 N.W. 56 AVE.
CITY-ST-ZIP	OCALA, FL 34482
TITLE	VD
NAME	ELLIS, ELINOR R
STREET ADDRESS	320 S.W. 56 AVE.
CITY-ST-ZIP	OCALA, FL 34482
TITLE	SD
NAME	~~JACKSON, BEVERLY~~ Delete
STREET ADDRESS	~~320 MARGUERITE ST~~
CITY-ST-ZIP	~~OCALA, FL 34475~~
TITLE	~~PD~~
NAME	~~JOHNSON, TERASA~~
STREET ADDRESS	~~116 SE 25 AVE~~
CITY-ST-ZIP	~~OCALA, FL 34476~~

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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: Mary W. Holt 4/6/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #