


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90027 049 \*\*\*\*61.25

<b>DOCUMENT # N17374</b> 1. Entity Name INTERGROUP DISTRICT 17, INC.					
Principal Place of Business 3666 NE 25TH STREET, #A OCALA, FL 34470			Mailing Address 3666 NE 25TH STREET, #A OCALA, FL 34470		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04172008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3408982	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  CALVO, CYNDI 3666 NE 25TH STREET, #A OCALA, FL 34470			7. Name and Address of New Registered Agent  Name W. James Gooding III Gilligan, King, Gooding & Gifford, P.A. 1531 SE 36 Ave. Ocala, FL 34471 <div style="text-align: right;">FL Zip Code</div>		
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>W. James Gooding III</u> <span style="float: right;">4/28/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CALVO, CYNDI 1941 SE 51 TERRACE OCALA, FL 34471	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Nix, Henry J. 52 Bahia Trace Circle Ocala, FL 34472	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC GRINNELL, KEVIN 1726 NW 119TH COURT OCALA, FL 34471	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ward, Ken 12 Carry Back Road Ocala, FL 34482	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WARD, KEN 12 CARRY BACK ROAD OCALA, FL 34482	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lanz, Robert 4823 SE 11 <sup>th</sup> Place Ocala, FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAL MORRIS, BONNIE 2306 SE 20TH CIR. OCALA, FL 34471	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Nix, Margaret M. 52 Bahia Trace Circle Ocala, FL 34472	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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>Henry J. Nix, Chairman</u> <span style="float: right;">4/25/08 352 657 2311</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					