

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004916 (3)

1. Corporation Name

THE REAL ESTATE GROUP OF MARION COUNTY, INC.



Principal Place of Business

**1531 NE 2 ST
OCALA FL 34470**

Mailing Address

**3960 W. SILVER SPRINGS BLVD.
OCALA FL 34482
US**

3. Date Incorporated or Qualified
10/25/1993

3a. Date of Last Report
01/25/1995

2. Principal Place of Business

2a. Mailing Address

21 917 E. Silver Springs Blvd

26 P.O. Box 770172

4. FEI Number

59-3232243

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Ocala, FL

City & State

28 Ocala, FL

Zip

24 34470

Country

25 Marion

Zip

29 34477-0172

Country

30 Marion

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOZIER, G. SHEPPARD W
9 NE 1 AVE
OCALA FL 34470**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **VP**
STREET ADDRESS **DYKSTRA, JAKE**
CITY-STATE-ZIP **710 E SILVER SPRINGS BLVD
OCALA FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Sherri Meadows**
1.3 STREET ADDRESS **917 East Silver Springs Blvd.**
1.4 CITY-STATE-ZIP **Ocala, FL**

TITLE ☒ DELETE
NAME **PD**
STREET ADDRESS **HUTCHINSON, NANCY**
CITY-STATE-ZIP **2537 SE 17 ST.
OCALA FL**

2.1 TITLE **VP, D** ☒ Change ☐ Addition
2.2 NAME **Mary Modrovsky**
2.3 STREET ADDRESS **535 NE 36th Ave.**
2.4 CITY-STATE-ZIP **Ocala, FL**

TITLE ☒ DELETE
NAME **SD**
STREET ADDRESS **MEADOWS, SHERRI**
CITY-STATE-ZIP **8926 SW 27TH AVE
OCALA FL**

3.1 TITLE **TD** ☒ Change ☐ Addition
3.2 NAME **Leroy Farless**
3.3 STREET ADDRESS **7651 SW SR 200**
3.4 CITY-STATE-ZIP **Ocala, FL**

TITLE ☒ DELETE
NAME **TD**
STREET ADDRESS **MILLER, EILEEN**
CITY-STATE-ZIP **3960 W. SILVER SPRINGS BLVD.
OCALA FL**

4.1 TITLE **SD** ☒ Change ☐ Addition
4.2 NAME **Jeanne Weaver**
4.3 STREET ADDRESS **2137 SE Fort King Street**
4.4 CITY-STATE-ZIP **Ocala, FL**

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **TYRRELL, FRED**
CITY-STATE-ZIP **535 NE 36 AVE
OCALA FL 34471**

5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME **Meighan Fonda**
5.3 STREET ADDRESS **535 NE 36 Avenue**
5.4 CITY-STATE-ZIP **Ocala, FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sherri Meadows
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96

352-622-6077

Date

Daytime Phone #

CR2E037 (12/95)