

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000000601

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: ARNETTE HOUSE FOUNDATION, INC.

Current Principal Place of Business:

2310 N.E. 24TH STREET
OCALA, FL 34478

New Principal Place of Business:

Current Mailing Address:

2310 NW 24TH ST
OCALA, FL 34470

New Mailing Address:

FEI Number: 59-3506974 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KILGORE, PATRICIA
2310 N.E. 24TH STREET
OCALA, FL 34470

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KILGORE, PATRICIA
Address: 949 SE 10 LANE
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: SMITH, RUSSELL
Address: 47 NEVER BEND
City-St-Zip: OCALA, FL 34475

Title: TD () Delete
Name: RANSAW, RUBEN C JR
Address: 18920 N HWY 329
City-St-Zip: MICANOPY, FL 32667

Title: D () Delete
Name: MEYER, DR JAMES C
Address: 5406 NW US HWY 27
City-St-Zip: OCALA, FL 34482

Title: D () Delete
Name: ACKERMAN, CATHERINE F ESQ
Address: 2100 SE 17TH ST SUITE 300
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: ARNETTE, SARA
Address: 1781 CLATTERBRIDGE RD
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA KILGORE

P

04/29/2002

Electronic Signature of Signing Officer or Director

Date