

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

DOCUMENT # N96000004387

1. Entity Name

FORT MCCOY CIVIC ASSOCIATION, INC.



Principal Place of Business

14660 NE HWY. 315  
FT. MCCOY FL 32134

Mailing Address

P.O. BOX 294  
FT. MCCOY FL 32134

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
59-3415024

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

1st MOORE CR2E037 (10/07)



6. Name and Address of Current Registered Agent

THOMAS, VANESSA  
320 NW 3RD AVE.  
OCALA FL 34474

7. Name and Address of New Registered Agent

Name **VANESSA THOMAS**  
Street Address (P.O. Box Number is Not Acceptable)  
**723 E. FT. KING STREET**  
City **OCALA**, FL Zip Code **34471**

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 Vanessa Thomas  
**VANESSA THOMAS, VD**

2-21-08

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DS  
NAME LAXTON, CAROL F  
STREET ADDRESS 18100 NE 160 AVE. RD.  
CITY-ST-ZIP FT. MCCOY FL 32134 ☐ Delete

TITLE D  
NAME KUNZ, AL  
STREET ADDRESS 10850 NE HWY 315  
CITY-ST-ZIP FT MCCOY FL 32134 ☐ Delete

TITLE TD  
NAME THOMAS, HOYALENE P  
STREET ADDRESS 11780 NE 142ND PLACE  
CITY-ST-ZIP FT MCCOY FL 32134 ☐ Delete

TITLE VD  
NAME THOMAS, VANESSA  
STREET ADDRESS 320 NW 3RD AVE.  
CITY-ST-ZIP Ocala FL 34474 ☒ Delete

TITLE D  
NAME HARPER, EVELYN M  
STREET ADDRESS 14620 NE 113 TERR  
CITY-ST-ZIP FT. MCCOY FL 32134 ☐ Delete

TITLE PD  
NAME GRUBBS, JOHN  
STREET ADDRESS 13660 NE 209TH TERR RD  
CITY-ST-ZIP SALT SPRINGS FL 32134 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE YD  
NAME **VANESSA THOMAS**  
STREET ADDRESS **723 E. FT. KING STREET**  
CITY-ST-ZIP **OCALA, FL. 34471** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: HOYALENE P. THOMAS, TD

2/21/2008 (352) 236-2790