

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90013 006 \*\*\*\*61.25

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DOCUMENT # N98000001793

1. Corporation Name

MARION COUNTY HOME AND PROPERTY OWNERS COALITION  
INC.

Principal Place of Business

Mailing Address

310 NORTHWEST 56TH COURT  
OCALA FL 34474

310 NORTHWEST 56TH COURT  
OCALA FL 34474



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

03/25/1998

4. FEI Number

59-3503396

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRANTZ, JEANETTE  
2801 SOUTHWEST COLLEGE ROAD  
SUITE 1  
OCALA FL 34474

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE  
NAME SASSO, RAY  
STREET ADDRESS 1111 NORTHWEST 10TH STREET  
CITY-ST-ZIP Ocala, FL 34474

TITLE D ☒ DELETE  
NAME MURRAY, MARY CX  
STREET ADDRESS 1121 HICKORY ROAD  
CITY-ST-ZIP Ocala FL 34472

TITLE D ☒ DELETE  
NAME WEAVER, TERESA  
STREET ADDRESS 3781 NORTHEAST 58TH AVENUE  
CITY-ST-ZIP Ocala FL 34479

TITLE D ☒ DELETE  
NAME HOLTZ, JIM  
STREET ADDRESS 4426 SOUTHWEST 161ST STREET  
CITY-ST-ZIP Ocala FL 34473

TITLE D ☒ DELETE  
NAME FRANTZ, JEANETTE  
STREET ADDRESS 310 NORTHWEST 56TH COURT  
CITY-ST-ZIP Ocala FL 34482-5566

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE P/D ☒ Change ☐ Addition  
1.2 NAME FRANTZ, JEANETTE  
1.3 STREET ADDRESS 310 NW 56TH COURT  
1.4 CITY-ST-ZIP Ocala, FL 34482-5566

2.1 TITLE V/D ☒ Change ☐ Addition  
2.2 NAME WEAVER, TERESA L.  
2.3 STREET ADDRESS 3781 NE 58TH AVENUE  
2.4 CITY-ST-ZIP SILVER SPRINGS, FL 34488

3.1 TITLE S/D ☒ Change ☐ Addition  
3.2 NAME RICE, JEAN  
3.3 STREET ADDRESS 6853 NE 90TH STREET ROAD  
3.4 CITY-ST-ZIP ANTHONY, FL 32617

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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

14. 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 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)