

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002559

FILED  
Apr 22, 2005  
Secretary of State

Entity Name: OCALA WOMEN'S NETWORK, INC.

## Current Principal Place of Business:

%SYNDIE T. LEVIEN, MORGAN STANLEY  
1600 SE 17TH STREET  
OCALA, FL 34471 US

## New Principal Place of Business:

P.O. BOX 5267  
OCALA, FL 34478 US

## Current Mailing Address:

%SYNDIE T. LEVIEN, MORGAN STANLEY  
1600 SE 17TH STREET  
OCALA, FL 34471 US

## New Mailing Address:

P.O. BOX 5267  
OCALA, FL 34478 US

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

## Name and Address of Current Registered Agent:

MORRIS, BEVERLY A  
2100 SE 17TH ST, SUITE 300  
OCALA, FL 344714181 US

## Name and Address of New Registered Agent:

SEYMORE, RITA F  
3240 S.E. 34 STREET  
APT 1212  
OCALA, FL 34474 US

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: RITA F. SEYMORE

04/22/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: LEVIEN, SYNDIE T  
Address: 4104 SW 30TH COURT  
City-St-Zip: OCALA, FL 34474

Title: V ( ) Delete  
Name: PISCITELLI, ERL  
Address: PO BOX 600  
City-St-Zip: OCALA, FL 34478

Title: P (X) Delete  
Name: HAMAKER, ELAINE  
Address: 2309 SW 20TH CT  
City-St-Zip: OCALA, FL 34474

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition  
Name: SEYMORE, RITA F  
Address: 3240 S.W. 34 STREET APT 1212  
City-St-Zip: OCALA, FL 34474

Title: P (X) Change ( ) Addition  
Name: PISCITELLI, ERL  
Address: PO BOX 600  
City-St-Zip: OCALA, FL 34478

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: RITA F. SEYMORE

T

04/22/2005

Electronic Signature of Signing Officer or Director

Date