I hereby 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 all other like empowered.	

SIGNATURE: MATTHEW GROW

I

Electronic Signature of Signing Officer/Director Detail

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## **Current Principal Place of Business:**

712 SE FORT KING STREET OCALA, FL 34471

## **Current Mailing Address:**

**712 SE FORT KING STREET** OCALA. FL 34471 US

## FEI Number: 59-2062769

## Name and Address of Current Registered Agent:

GROW, MATTHEW 712 SE FORT KING STREET OCALA, FL 34471 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	E: MATTHEW GROW			04/29/2024	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	PRESIDENT, SECRETARY, DIRECTOR	Title	TREASURER, DIRECTOR		
Name	GROW, MATTHEW	Name	INGRAM, JENNIFER		
Address	705 SE 4TH STREET	Address	705 SE BROADWAY		
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34471		
Title	DIRECTOR	Title	VP, DIRECTOR		
Name	KERLEY, LELA	Name	RAMIERZ, KATHLEEN		
Address	712 SE FT KING STREET	Address	5499 SW 39TH STREET		
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34474		

Certificate of Status Desired: No

04/29/2024 Date

FILED Apr 29, 2024 Secretary of State 9753884114CC

PRESIDENT