

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N08000008443

**Entity Name:** MARION COUNTY KIDNEY FOUNDATION, INC.

**Current Principal Place of Business:**

2980 S.E. 3RD COURT  
OCALA, FL 34471

**Current Mailing Address:**

2980 S.E. 3RD COURT  
OCALA, FL 34471 US

**FEI Number:** 26-3333665

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

SCHLOSSER, DEBBIE  
2980 S.E. 3RD COURT  
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:** DEBBIE L SCHLOSSER

11/07/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           SCHLOSSER, DEBBIE  
Address        2980 S.E. 3RD COURT  
City-State-Zip: Ocala FL 34471

Title           VICE-CHAIRMAN  
Name           MANNING, JANENE  
Address        2980 SE 3RD COURT  
City-State-Zip: Ocala FL 34471

Title           CHAIRMAN  
Name           NWAKOBY, IZUCHUKWU E  
Address        2980 S.E. 3RD COURT  
City-State-Zip: Ocala FL 34471

Title           SECRETARY  
Name           COHN, DONNA  
Address        2980 S.E. 3RD COURT  
City-State-Zip: Ocala FL 34471

*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:** DEBBIE L SCHLOSSER

**TREASURER**

11/07/2017

Electronic Signature of Signing Officer/Director Detail

Date