

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000002129

Entity Name: COMMUNITY FOUNDATION FOR OCALA/MARION COUNTY, INC.**FILED**
Mar 19, 2015
Secretary of State
CC0610857038**Current Principal Place of Business:**116 S. MAGNOLIA AVE.
SUITE 3, #6-7
OCALA, FL 34471**Current Mailing Address:**116 S. MAGNOLIA AVE.
SUITE 3, #6-7
OCALA, FL 34471 US**FEI Number: 27-5098203****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GRAY, STEVEN H
125 NE FIRST AVENUE, SUITE 1
OCALA, FL 34470 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CHAIRMAN
Name	HENNESSEY, FRANK M
Address	116 S. MAGNOLIA AVE. SUITE 3, #6-7
City-State-Zip:	OCALA FL 34471

Title	VC, SECRETARY, OTHER
Name	FITOS, BARBARA R
Address	116 S. MAGNOLIA AVE. SUITE 3, #6-7
City-State-Zip:	OCALA FL 34471

Title	VC, TREASURER
Name	REILLY, ROBERT L
Address	116 S. MAGNOLIA AVE. SUITE 3, #6-7
City-State-Zip:	OCALA FL 34471

Title	DIRECTOR
Name	CHAMBERS, WILLIAM E JR.
Address	116 S. MAGNOLIA AVE. SUITE 3, #6-7
City-State-Zip:	OCALA FL 34471

Title	DIRECTOR
Name	GILLILAND, SUSAN S
Address	116 S. MAGNOLIA AVE. SUITE 3, #6-7
City-State-Zip:	OCALA FL 34471

Title	DIRECTOR
Name	MCCHESNEY, LAWRENCE DR.
Address	116 S. MAGNOLIA AVE. SUITE 3, #6-7
City-State-Zip:	OCALA FL 34471

Title	DIRECTOR
Name	PALMER, WHITFIELD M.
Address	116 S. MAGNOLIA AVE. SUITE 3, #6-7
City-State-Zip:	OCALA FL 34471

Title	DIRECTOR
Name	SCHNEIDER, JAMES
Address	116 S. MAGNOLIA AVE. SUITE 3, #6-7
City-State-Zip:	OCALA FL 34471

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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: BARBARA FITOS**EXECUTIVE DIRECTOR****03/19/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SIBONI, MICHAEL C ESQ.
Address 116 S. MAGNOLIA AVE.
SUITE 3, #6-7
City-State-Zip: OCALA FL 34471

Title DIRECTOR
Name WATTS, RICHARD
Address 116 S. MAGNOLIA AVE.
SUITE 3, #6-7
City-State-Zip: OCALA FL 34471

Title DIRECTOR
Name WEBER, CHESTER
Address 116 S. MAGNOLIA AVE.
SUITE 3, #6-7
City-State-Zip: OCALA FL 34471

Title DIRECTOR
Name VANHEYDE, CYNTHIA W
Address 116 S. MAGNOLIA AVE.
SUITE 3, #6-7
City-State-Zip: OCALA FL 34471

Title DIRECTOR
Name STEARNS, JOAN
Address 116 S. MAGNOLIA AVE.
SUITE 3, #6-7
City-State-Zip: OCALA FL 34471

Title DIRECTOR
Name KURTZ, JON
Address 116 S. MAGNOLIA AVE.
SUITE 3, #6-7
City-State-Zip: OCALA FL 34471