

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000002129

Entity Name: COMMUNITY FOUNDATION FOR OCALA/MARION COUNTY, INC.**FILED**
Feb 07, 2018
Secretary of State
CC9552870261**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, TREASURER
Name REILLY, ROBERT L
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 SCHNEIDER, JAMES
Address 116 S. MAGNOLIA AVE.
SUITE 3, #6-7
City-State-Zip: Ocala FL 34471

Title VC, SECRETARY, OTHER
Name DEIORIO, LAUREN
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 MCCHESENEY, LAWRENCE DR.
Address 116 S. MAGNOLIA AVE.
SUITE 3, #6-7
City-State-Zip: Ocala FL 34471

Title DIRECTOR
Name SIBONI, MICHAEL C ESQ.
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: LAUREN DEIORIO**EXECUTIVE DIRECTOR****02/07/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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 BIANCULLI, RICHARD
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