

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000002129

**Entity Name:** COMMUNITY FOUNDATION FOR OCALA/MARION COUNTY, INC.**FILED**  
**Jan 24, 2020**  
**Secretary of State**  
**8197852822CC****Current Principal Place of Business:**324 SE 24TH STREET  
OCALA, FL 34471**Current Mailing Address:**324 SE 24TH STREET  
OCALA, FL 34471 US**FEI Number: 27-5098203****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BATSEL, JR., ROBERT  
1531 SE 36TH AVENUE  
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: ROBERT BATSEL, JR.****01/24/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	CHAIRMAN	Title	VC, SECRETARY, OTHER
Name	HENNESSEY, FRANK M	Name	DEIORIO, LAUREN
Address	324 SE 24TH STREET	Address	324 SE 24TH STREET
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34471
Title	DIRECTOR	Title	DIRECTOR
Name	CHAMBERS, WILLIAM E JR.	Name	GILLILAND, SUSAN S
Address	324 SE 24TH STREET	Address	324 SE 24TH STREET
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34471
Title	DIRECTOR	Title	DIRECTOR
Name	SIBONI, MICHAEL C ESQ.	Name	STEARNS, JOAN
Address	324 SE 24TH STREET	Address	324 SE 24TH STREET
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34471
Title	DIRECTOR	Title	DIRECTOR, TREASURER
Name	WEBER, CHESTER	Name	KURTZ, JON
Address	324 SE 24TH STREET	Address	324 SE 24TH STREET
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34471

**Continues on page 2**

*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****01/24/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR, VC  
Name BIANCULLI, RICHARD  
Address 324 SE 24TH STREET  
City-State-Zip: OCALA FL 34471

Title DIRECTOR  
Name ULMER, JAMIE  
Address 324 SE 24TH STREET  
City-State-Zip: OCALA FL 34471

Title DIRECTOR  
Name AUSLEY, KEN  
Address 324 SE 24TH STREET  
City-State-Zip: OCALA FL 34471

Title DIRECTOR  
Name INGRAM, TOM  
Address 324 SE 24TH STREET  
City-State-Zip: OCALA FL 34471

Title DIRECTOR  
Name BOYD, THAD  
Address 324 SE 24TH STREET  
City-State-Zip: OCALA FL 34471

Title DIRECTOR  
Name FONTAINE, JANE  
Address 324 SE 24TH STREET  
City-State-Zip: OCALA FL 34471