

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

DOCUMENT# N17374

**Entity Name:** INTERGROUP DISTRICT 17, INC.**Current Principal Place of Business:**1815 NE 19TH AVE.  
B  
OCALA, FL 34470**Current Mailing Address:**1815 NE 19TH AVE.  
B  
OCALA, FL 34470 US**FEI Number:** 59-3408982**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GOODING, W JIII  
GILLIAGAN, KING, GOODING & GIFFORD PA  
153 SE 36 AVE  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	CHAIRMAN
Name	LINDA, CHIK
Address	1815 NE 19TH AVE. B
City-State-Zip:	OCALA FL 34470

Title	TREASURER
Name	CIARLETTA, ROXANNE .
Address	1815 NE 19TH AVE. B
City-State-Zip:	OCALA FL 34470

Title	VICE CHAIR
Name	ROME, EDDIE
Address	1815 NE 19TH AVE. B
City-State-Zip:	OCALA FL 34470

Title	SECRETARY
Name	AHLGRIM, JENNIFER
Address	1815 NE 19TH AVE. B
City-State-Zip:	OCALA FL 34470

Title	OFFICE MANAGER
Name	WHITEHOUSE, GAIL
Address	1815 NE 19TH AVE. B
City-State-Zip:	OCALA FL 34470

Title	CONSULTANT
Name	LINS, JUDY
Address	1815 NE 19TH AVE. B
City-State-Zip:	OCALA FL 34470

Title	MEMBER AT LARGE
Name	FONES, DAN
Address	1815 NE 19TH AVE. B
City-State-Zip:	OCALA FL 34470

Title	MEMBER-AT-LARGE
Name	HAMILTON, GINGER
Address	1815 NE 19TH AVE. B
City-State-Zip:	OCALA FL 34470

**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:** GAIL WHITEHOUSE

OFFICE MANAGER

01/09/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title	MEMBER-AT-LARGE
Name	HARRISON, SUE
Address	1815 NE 19TH AVE. B
City-State-Zip:	Ocala FL 34470