

2016 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:** No**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	FLEMING, THOMAS
Address	1815 NE 19TH AVE. B
City-State-Zip:	OCALA FL 34470

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

Title	OFFICER
Name	QUINONES, RAFAEL
Address	1815 NE 19TH AVE. B
City-State-Zip:	OCALA FL 34470

Title	OFFICER
Name	NICOLAS, SUSAN
Address	1815 NE 19TH AVE B
City-State-Zip:	OCALA FL 34470

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

Title	OFFICER
Name	FARIS, CARSON
Address	1815 NE 19TH AVE. B
City-State-Zip:	OCALA FL 34470

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: CONSTANCE CHILLEMI**OFFICE MANAGER****01/22/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date