

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N1500002118

**Entity Name:** 100 WOMEN WHO CARE OCALA, INC.

**Current Principal Place of Business:**

2408 SE 20TH TERRACE  
OCALA, FL 34471

**Current Mailing Address:**

P.O. BOX 2644  
OCALA, FL 34478 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GRACE, ANGELA  
2408 SE 20TH TERRACE  
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 P  
Name GRACE, ANGELA  
Address P.O. BOX 2644  
City-State-Zip: OCALA FL 34478

Title TRES  
Name SMALLWOOD, LYNN  
Address P.O. BOX 2644  
City-State-Zip: OCALA FL 34478

Title SEC  
Name JONES, ERIN  
Address P.O. BOX 2644  
City-State-Zip: OCALA FL 34478

*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:** ANGELA GRACE

**PRESIDENT**

**08/28/2017**

Electronic Signature of Signing Officer/Director Detail

Date