

**REGISTERED AGENT  
STATEMENT OF APPOINTMENT**

(Section 106.022, F.S.)

OFFICE USE ONLY  
**RECEIVED**

2016 JAN -4 PM 1:45

SUPERVISOR OF ELECTIONS  
MARION COUNTY, FLORIDA

- ☒ Original Appointment      ☐ Change of Appointment  
☐ Change of Mailing Address      ☐ Change of Physical Address

**Registered Agent and Office Information**

Name  
Kevin T. Sheilley

Telephone  
352-629-8051

Street Address  
310 SE 3rd Street

City  
Ocala

State  
Florida

Zip Code  
34471

Mailing Address  
310 SE 3rd Street

City  
Ocala

State  
FL

Zip Code  
34471

I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer.

  
Signature of Registered Agent

12.23.15  
Date

**Former Registered Agent and Office Information (for changes only)**

Name

Telephone

Street Address

City

State

Zip Code

**Committee or Organization Information**

Name of Committee or Organization  
Citizens Encouraging Progress, Inc.

Street Address

Telephone  
352-629-8051

City  
Ocala

State  
Florida

Zip Code  
34471

  
Signature of Chairperson

Douglas P. Cone

Printed Name of Chairperson

12/23/15  
Date