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SUPERVISOR OF ELECTIONS
MARION COUNTY, FLORIDA

**REGISTERED AGENT
STATEMENT OF APPOINTMENT**
(Section 106.022, F.S.)

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

Registered Agent and Office Information

Name Katherine Guyton	Telephone 3526296556
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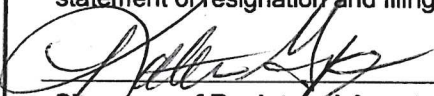
Street Address
50 SE 16th Ave

City Ocala	State FL	Zip Code 34471
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Mailing Address

City	State	Zip Code
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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

4/18/18

 Date

Former Registered Agent and Office Information (for changes only)

Name	Telephone
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Street Address


City	State	Zip Code
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Committee or Organization Information

Name of Committee or Organization
YES FOR MARION SCHOOLS

Street Address 50 SE 16TH AVE	Telephone 3526296556
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City OCALA	State FL	Zip Code 34471
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 Signature of Chairperson

Jennifer M. S. Hatchett

 Printed Name of Chairperson

3/28/18

 Date