

MARION COUNTY BOARD OF COUNTY COMMISSIONERS  
APPLICATION FOR APPOINTMENT TO ADVISORY BOARD

APPLICATION DATE: 08/07/2024

BOARD NAME: Marion County Industrial Authority

**PERSONAL INFORMATION**

Title: Mr.  Mrs.  Ms.  Miss   
Name: James Adam Woods  
Address: 1626 SE 36th Ave  
City: Ocala State: FL ZIP: 34471  
Home Phone: \_\_\_\_\_ Alternate Phone: 352-427-3038  
E-mail Address: adam.woods@me.com or awoods@gulfatlanticbank.com  
Occupation: Banker  
If Retired, previous occupation: \_\_\_\_\_

**PREFERRED MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE):**

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Is your address or any other personal information exempt under the Florida Statutes? Yes  No   
If yes, please cite the applicable Florida Statute: F.S. # \_\_\_\_\_

What is your preferred form of communication? Phone  Mail  Email

Are you a registered voter? Yes  No

Do you own homestead property in Marion County? Yes  No

Are you employed by Marion County or have relatives that are Marion County employees? Yes  No   
If yes, please provide position, department and/or relationship to County employee and their position/department  
\_\_\_\_\_  
\_\_\_\_\_

Have you been convicted (including a withholding of adjudication), pled guilty or pled to a Nolo Contendere (no contest) to a misdemeanor or felony (including a criminal traffic violation)? Yes  No

*A "YES" answer will not necessarily bar you from serving on an advisory board. The nature, severity, and date of the offense in relation to the position for which you are applying will be considered. If you are not sure or do not remember what happened in a criminal case (s), contact the appropriate county, state, or federal agency so that you can report accurate information on your criminal history. Failure to accurately report this information may result in removal from the board. If you answered "YES" please give details, an additional sheet of paper may be used.*

**WHY DO YOU DESIRE TO SERVE ON THIS/THESE BOARDS?**

***(Include current or previous work experience; community involvement; interests/activities)***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SERVING ON OTHER BOARDS**

Do you currently serve on any other boards in Florida, or are you an elected or appointed state, county (Marion County or other county) or municipal ("city") office holder? Yes \_\_\_ No X

If yes, which board? \_\_\_\_\_

*(Important: You may not serve on more than one (1) Substantive Board: Board of Adjustment; Code Enforcement Board; License Review Board; Land Development Regulation Commission; Historical Commission; Hospital District Board of Trustees; Housing Finance Authority; Industrial Development Authority; Tourist Development Council; Parks and Recreation Advisory Council)*

Have you ever served on a City or County advisory board? Yes X No \_\_\_

If yes, when, where and which board(s)? Marion County Industrial Authority, AHAC, COC

**REFERENCES - Please list three (3) personal and/or business references**  
**(PLEASE DO NOT USE COMMISSIONERS AS REFERENCES)**

Name: Don Gulling

Phone Number: 352-401-0909 Email: dgulling@verteks.com

Name: Kevin Sheilley

Phone Number: 352-629-8051 Email: kevin@ocalacep.com

Name: Rich Bianculli

Phone Number: 352-615-0425 Email: rbianculli@richmondhillcp.com

**I authorize Marion County to contact my references and I understand that all statements made on this application may be verified by Marion County. INITIAL JAW**

**I understand the responsibilities associated with being a board member, and I have adequate time to serve if appointed. INITIAL JAW**

**I agree to complete training within six (6) months from the date of my appointment. INITIAL JAW**

**By signing this application, I certify that the information I provided in this application is true and correct, and that any misstatements or material omissions on my application may result in my removal from my appointed position.**

SIGN:  \_\_\_\_\_

PRINT: JA Woods

**MARION COUNTY BCC**

RECEIVED BY BCC: \_\_\_\_\_

**AUG 07 2024**

This application will be kept on file for a period of one year from date of receipt by the Board of County Commissioners. Should a vacancy occur on the board to which you have applied, you will be notified.

**RETURN FORM TO:**

MARION COUNTY BOARD OF COUNTY COMMISSIONERS 601 SE 25th Avenue, Ocala, FL 34471  
Or via email to: Commissionadmin@marionfl.org

PLEASE CALL THE COMMISSION OFFICE AT (352) 438-2323 IF YOU HAVE ANY QUESTIONS REGARDING YOUR APPLICATION.