FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709922 (9)

1. Corporation Name
OZELLO, INC.
AKA OZELLO CIVIC CLUB, INC.

Principal Place of Business	Mailing Address
14095 W. OZELLO TRAIL CRYSTAL RIVER FL 34429	14095 W. OZELLO TRAIL CRYSTAL RIVER FL 34429

3. Date Incorporated or Qualified: 11/15/1965
3a. Date of Last Report: 03/24/1995

2. Principal Place of Business
21: 4095 West Ozello Trail
22 Suite, Apt. #, etc.: -0-
23 City & State: Crystal River, Fl
24 Zip: 34429
25 Country: Citrus

2a. Mailing Address
26: 14095 W. Ozello Trail
27 Suite, Apt. #, etc.: -0-
28 City & State: Crystal River, Fl
29 Zip: 34429
30 Country: Citrus

4. FEI Number: 59-2945820 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HENDERSON, THELMA
2223 S. HUNT POINT
CRYSTAL RIVER FL 34429

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 900001735499 -04/26/96--01014--028
84 City ***61.25 FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HAYDEN, JANICE 14415 W. EBBTIDE CT. CRYSTAL RIVER, FL 00000	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	NO CHANGE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAULT, BETTY 2030 S. SCHOONER DR CRYSTAL RIVER FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	NO CHANGE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLLIDAY, WANDA L. 2221 S APPLETREE PT CRYSTAL RIVER FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD THELMA HENDERSON 2223 S. Hunt Point Crystal River, Fl 34429	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOLLIDAY, GEORGE 221 SO APPLETREE PL CRYSTAL RIVER FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	PD Donald Rippey 578 N. Lake Circle Crystal River, Fl 34429	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAYDEN, FRANCIS 14415 W EBBTIDE CT CRYSTAL RIVER FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	NO CHANGE	☐ Change ☐ Addition 4/25/96 CMC
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV RIPPEY, DONALD 578 N. LAKE CIRCLE CRYSTAL RIVER FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	DV Marjorie Van Gelder 5800 S. Oakridge Dr. Homosassa Springs, Fl 34447	☐ Change ☒ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thelma Henderson THELMA HENDERSON - SEC 4/10/96 352-795-5298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #