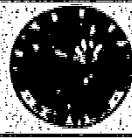


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION ANNUAL REPORT 1995**

FLORENDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS



**APPROVED AND FILED**

95 MAY -1 PM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 743682 (7)**

1. Corporation Name  
**OCALA SINGLES CLUB, INC.**

Principal Place of Business: **1638 NE 15TH TERR Ocala FL 32670**

Mailing Address: **1638 NE 15TH TERR Ocala FL 32670**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/24/1978**

3a. Date of Last Report: **05/17/1994**

4. FEI Number: **23-7434870**

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  \$68.75 Supplemental Fee Not Required

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

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. Suite, Apt. #, etc.

23. City & State

24. City & State

25. Zip Country

26. Zip Country

27. Zip Country

28. Zip Country

9. Name and Address of Current Registered Agent

**KRAM, FRED J.  
121 N.W. 3RD. STREET  
OCALA FL 32670**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE: **S**

NAME: **HANSLEY, FRANCES H**

STREET ADDRESS: **1935 NE 17 PL**

CITY - ST - ZIP: **OCALA FL**

TITLE: **D**

NAME: **GILBERT, FRANCES**

STREET ADDRESS: **3231 SE 30 TERR**

CITY - ST - ZIP: **OCALA FL**

TITLE: **T**

NAME: **MEYERS, THELMA**

STREET ADDRESS: **1638 N.E. 15TH TERR**

CITY - ST - ZIP: **OCALA FL**

TITLE: **P**

NAME: **GRUNNET, GENE D** *Bryce 7LYNN*

STREET ADDRESS: **275 N.E. 4th ST**

CITY - ST - ZIP: **OCALA FL**

TITLE: **D**

NAME: **ORTON, J MARSCHELL JR** *BEN SAVAGE*

STREET ADDRESS: **1638 NE 15 TERR**

CITY - ST - ZIP: **OCALA FL**

TITLE: **D**

NAME: **ELAND, MICHELLE**

STREET ADDRESS: **710 N E 43RD ST**

CITY - ST - ZIP: **OCALA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE  Change  Addition

4.2 NAME: **BRYCE 7LYNN**

4.3 STREET ADDRESS: **4037 NW BLITCHTON RD apt 10D**

4.4 CITY - ST - ZIP: **OCALA, FL 34482-4081**

5.1 TITLE  Change  Addition

5.2 NAME: **D. BEN SAVAGE**

5.3 STREET ADDRESS: **1803 SW 80th Ave**

5.4 CITY - ST - ZIP: **OCALA, FL 34474**

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thelma L. Meyers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

**THELMA L. MEYERS**

1638 15TH TER. NE.  
OCALA, FL. 32670

DATE: *April 26, 1995*

904-622-7021