


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90011 001 \*\*\*\*61.25

**DOCUMENT # 743682**  
1. Entity Name  
**OCALA SINGLES CLUB, INC.**



Principal Place of Business      Mailing Address  
P.O. BOX 1288      P.O. BOX 1288  
SILVER SPRINGS FL 34489      SILVER SPRINGS FL 34489

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**23-7434870**       Not Applicable

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



1st MOORE      CR2E037 (10/05)

**6. Name and Address of Current Registered Agent**  
**KRIM, FRED J.**  
**121 N.W. 3RD. STREET**  
**OCALA FL 32670**

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	1VP	<input type="checkbox"/> Delete
NAME	STANLEY, JERRY	
STREET ADDRESS	5504 SE 34TH COURT	
CITY-ST-ZIP	OCALA FL 34480	
TITLE	P.	<input checked="" type="checkbox"/> Delete
NAME	RYALS, EDNA B	
STREET ADDRESS	1612 NE 25 AVE LOT 14	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	2VPD	<input type="checkbox"/> Delete
NAME	ALLEN, JOAN	
STREET ADDRESS	3920 SW 30TH ST LOT A-14	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BRENNER, RAYMOND	
STREET ADDRESS	2473 SE 179TH AVE	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE	T	<input type="checkbox"/> Delete
NAME	EDWARDS, LEE	
STREET ADDRESS	560 B FAIRWAY CIR.	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FULLER, SCOTT	
STREET ADDRESS	7101 W 59TH ANTHONY RD	
CITY-ST-ZIP	OCALA FL 34479	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIXON, Judy	
STREET ADDRESS	1510 NE 17th St.	
CITY-ST-ZIP	OCALA FL 34471	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D. Turo, Robert	
STREET ADDRESS	12943 NE 5th St.	
CITY-ST-ZIP	Silver Spgs FL	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Lee Edwards*      *Lee Edwards*      2-13-06      352-687-0477