


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90034 018 \*\*\*\*70.00

<b>DOCUMENT # 743682</b>			
1. Entity Name OCALA SINGLES CLUB, INC.			
Principal Place of Business C/O 14990 N.E. 202ND PLACE FORT MCCOY, FL 32134		Mailing Address P.O. BOX 1288 SILVER SPRINGS, FL 34489	
2. Principal Place of Business - No P.O. Box # <b>3832 NE 7th St</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Ocala, FL</b>		City & State	
Zip <b>34470</b>	Country <b>USA</b>	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KRIM, FRED J. 121 N.W. 3RD. STREET OCALA, FL 32670		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____			
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P <input checked="" type="checkbox"/> Delete	STANLEY, JERRY 5504 SE 34TH COURT OCALA, FL 34480	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Russ Snyder Pres 14990 NE 202 Place Fort McCoy, FL 32134
TITLE 1VP <input checked="" type="checkbox"/> Delete	RYALS, EDNA B 1612 NE 25 AVENUE, LOT 14 OCALA, FL 34471	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Jerry Stanley 3 VP 5501 SE 34th Court Ocala, FL 34480
TITLE 2VPD <input type="checkbox"/> Delete	ALLEN, JOAN 3920 SW 30TH ST LOT A-14 OCALA, FL 34472	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Gracie Wiederhold Treas P.O. Box 753 Hernando, FL 34442
TITLE 2D <input checked="" type="checkbox"/> Delete	SNYDER, RUSS 14990 N.E. 202ND PLACE FT. MCCOY, FL 32134	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Lydia Hall Sect 3443 NE 1020 St Ocala, FL 34470
TITLE 3VP <input checked="" type="checkbox"/> Delete	SENNE, RALPH 2426 S.W. 147TH LANE ROAD OCALA, FL 34473	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AST <input type="checkbox"/> Delete	DI CORCIA, GAIL 10350 SW 98TH AVENUE OCALA, FL 34481	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Grace Wiederhold</i>		352-637-1698	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	
		3-1-08	