

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90536 030 \*\*\*\*61.25

**DOCUMENT # 743682**

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



Principal Place of Business

P.O. BOX 1288  
SILVER SPRINGS FL 34489

Mailing Address

P.O. BOX 1288  
SILVER SPRINGS FL 34489

00010021



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-7434870**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

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

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

**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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RYALS, EDNA</b>	
STREET ADDRESS	<b>1612 NE 25TH AVE LOT 14</b>	
CITY-ST-ZIP	<b>OCALA FL 34470</b>	
TITLE	<b>1VP</b>	<input type="checkbox"/> Delete
NAME	<b>STANLEY, JERRY</b>	
STREET ADDRESS	<b>5504 S.E. 34 CT</b>	
CITY-ST-ZIP	<b>OCALA FL 34480</b>	
TITLE	<b>2VPD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KURATNIK, RAY</b>	
STREET ADDRESS	<b>9072 S.W. 31ST AVE RD.</b>	
CITY-ST-ZIP	<b>OCALA FL 34476</b>	
TITLE	<b>3VPD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JOHNSON, JOAN</b>	
STREET ADDRESS	<b>8530 SOUTH PINE AVE LOT 11</b>	
CITY-ST-ZIP	<b>OCALA FL 34471</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FITZGERALD, ANNA BELLE</b>	
STREET ADDRESS	<b>1634 NE 22ND ST</b>	
CITY-ST-ZIP	<b>OCALA FL 34470</b>	
TITLE	<b>3D</b>	<input type="checkbox"/> Delete
NAME	<b>BIRKHEMER, CHUCK</b>	
STREET ADDRESS	<b>710 NE 43TH ST (same)</b>	
CITY-ST-ZIP	<b>OCALA FL 34479</b>	

TITLE	<b>1st V President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Judy Dixon</b>	
STREET ADDRESS	<b>1510 NE 17th St</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Stanley Jerry</b>	
STREET ADDRESS	<b>5504 S.E. 34 CT</b>	
CITY-ST-ZIP	<b>OCALA FL 34480</b>	
TITLE	<b>Christi 2nd V Pres</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEARL SHEERER</b>	
STREET ADDRESS	<b>2820 SW 34th St</b>	
CITY-ST-ZIP	<b>OCALA</b>	
TITLE	<b>3rd vice Pres</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Christi Sweeney</b>	
STREET ADDRESS	<b>1916 NE 12th Terrace Rd</b>	
CITY-ST-ZIP	<b>Silver Springs FL</b>	
TITLE	<b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Angelo M. Caltabiano</b>	
STREET ADDRESS	<b>PO Box 4911</b>	
CITY-ST-ZIP	<b>OCALA FL 34478-4911</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Angelo M. Caltabiano*

*Jan 26, 2003*

CR2E037 (10/02)