

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 753699 (8)
1. Corporation Name
OCALA SHRINE CLUB ASSOCIATION, INC.

95 FEB 13 PM 12:07

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
P.O. BOX 71087 OCALA FL 34471-0087		P.O. BOX 71087 OCALA FL 34471-0087	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23	28		
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified	3a. Date of Last Report
08/08/1980	04/08/1994
4. FEI Number	Applied For
23-7323451	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

KOBLENTZ LARRY L
4505 SE 8TH ST
OCALA FL 34471

10. Name and Address of New Registered Agent

85 Zip Code

FL

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 Larry L. Koblentz DATE 2/2/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SHAFFER, MARK
STREET ADDRESS	30 NE 47TH PL
CITY-ST-ZIP	OCALA FL 34471
TITLE	VD
NAME	CHARIES, FRED
STREET ADDRESS	3204 NE 16TH AVE
CITY-ST-ZIP	OCALA FL 34479
TITLE	VD
NAME	HARDEE, JAMES
STREET ADDRESS	PO BOX 1651 N/A
CITY-ST-ZIP	SILVER SPRINGS FL 34489
TITLE	VD
NAME	LEWIS, BRYAN
STREET ADDRESS	200 NE 51ST AVE
CITY-ST-ZIP	OCALA FL 33470
TITLE	SD
NAME	KOBLENTZ, LARRY
STREET ADDRESS	4505 SE 8TH ST
CITY-ST-ZIP	OCALA FL
TITLE	TD
NAME	CRAWFORE, GEORGE
STREET ADDRESS	2819 NE 32ND PL
CITY-ST-ZIP	OCALA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHAIRES, FRED
1.3 STREET ADDRESS	3204 NE 16TH AVE
1.4 CITY-ST-ZIP	OCALA, FL. 34479
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BRYAN, LEWIS
2.3 STREET ADDRESS	200 NE 51ST AVE
2.4 CITY-ST-ZIP	OCALA, FL. 34470
3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DOUGHTY III, JOHN
3.3 STREET ADDRESS	15862 SW 49TH Ct. Rd.
3.4 CITY-ST-ZIP	OCALA, FL. 34473
4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JENNINGS, DOUGLAS
4.3 STREET ADDRESS	816 S.E. TERRACE
4.4 CITY-ST-ZIP	OCALA, FL. 34471
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Larry L. Koblentz DATE 2/2/95 (904) 694-1515
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

LARRY L. KOBLENTZ