

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **753699** (8)

1. Corporation Name

OCALA SHRINE CLUB ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 71087
OCALA FL 34471-0087

P.O. BOX 71087
OCALA FL 34471-0087

3. Date Incorporated or Qualified
08/08/1980

3a. Date of Last Report
02/13/1995

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME
PD
CHAIRES, FRED
STREET ADDRESS
3204 NE 16TH AVE
CITY-ST-ZIP
OCALA FL

11 TITLE ☒ Change ☐ Addition

12 NAME
JOHN DOUTHIRT III
13 STREET ADDRESS
8676D S.W. 95TH LN
14 CITY-ST-ZIP
OCALA, FL. 34481

TITLE ☒ DELETE

NAME
VD
BRYAN, LEWIS
STREET ADDRESS
200 NE 51ST AVE
CITY-ST-ZIP
OCALA FL

21 TITLE ☒ Change ☐ Addition

22 NAME
1ST V.P. VD
DOUGLAS JENNINGS, JR
23 STREET ADDRESS
916 S.E. TERR
24 CITY-ST-ZIP
OCALA, FL. 34471

TITLE ☒ DELETE

NAME
VD
DOUTHIRT III, JOHN
STREET ADDRESS
15862 SW 49TH CT RD
CITY-ST-ZIP
OCALA FL

31 TITLE ☒ Change ☐ Addition

32 NAME
2ND V.P. VD
WAYNE GILLIS
33 STREET ADDRESS
6226 S.E. 113TH ST
34 CITY-ST-ZIP
BELLEVUE, FL. 34420

TITLE ☒ DELETE

NAME
VD
JENNINGS, DOUGLAS
STREET ADDRESS
816 SE TERR
CITY-ST-ZIP
OCALA FL

41 TITLE ☒ Change ☐ Addition

42 NAME
3RD V.P. VD
MARION POTTER
43 STREET ADDRESS
16767 S.E. Hwy 301
44 CITY-ST-ZIP
SUMMERFIELD, FL. 34491

TITLE ☐ DELETE

NAME
SD
KOBLENTZ, LARRY
STREET ADDRESS
4505 SE 8TH ST
CITY-ST-ZIP
OCALA FL

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
200001740472
03/12/96 01124-020

TITLE ☐ DELETE

NAME
TD
CRAWFORE, GEORGE
STREET ADDRESS
2819 NE 32ND PL
CITY-ST-ZIP
OCALA FL

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/16/96 (352) 694-1515

CR2E037 (12/95)