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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 753699 (8)

1. Corporation Name
OCALA SHRINE CLUB ASSOCIATION, INC.



Principal Place of Business P.O. BOX 71087 OCALA FL 34471-0087	Mailing Address P.O. BOX 71087 OCALA FL 34471-0087
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3. Date Incorporated or Qualified 08/08/1980	3a. Date of Last Report 03/12/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 23-7323451	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

**KOBLENTZ LARRY L
4505 SE 8TH ST
OCALA FL 34471**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME DOUTHIRT, JOHN III	
STREET ADDRESS 8676D S.W. 95TH LN.	
CITY-ST-ZIP OCALA FL 34481	
TITLE 1VPD	<input checked="" type="checkbox"/> DELETE
NAME JENNINGS, DOUGLAS JR	
STREET ADDRESS 816 SE TERR.	
CITY-ST-ZIP OCALA FL 34471	
TITLE 2VPD	<input checked="" type="checkbox"/> DELETE
NAME GILLIS, WAYNE	
STREET ADDRESS 6226 SE 113TH ST.	
CITY-ST-ZIP BELLEVIEW FL 34420	
TITLE 3VPD	<input checked="" type="checkbox"/> DELETE
NAME POTTER, MARION	
STREET ADDRESS 16767 SE HWY. 301	
CITY-ST-ZIP SUMMERFIELD FL 34491	
TITLE SD	<input type="checkbox"/> DELETE
NAME KOBLENTZ, LARRY	
STREET ADDRESS 4505 SE 8TH ST	
CITY-ST-ZIP OCALA FL	
TITLE TD	<input type="checkbox"/> DELETE
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 JENNINGS, DOUGLAS JR.	
1.3 STREET ADDRESS 816 SE TERR	
1.4 CITY-ST-ZIP OCALA, FL. 34471	
2.1 TITLE 1VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME GILLIS, WAYNE	
2.3 STREET ADDRESS 6226 SE 113TH ST.	
2.4 CITY-ST-ZIP BELLEVIEW, FL. 34420	
3.1 TITLE 2VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME POTTER, MARION	
3.3 STREET ADDRESS 16767 SE Hwy. 301	
3.4 CITY-ST-ZIP SUMMERFIELD, FL. 34491	
4.1 TITLE 3VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME STACK, ROBERT	
4.3 STREET ADDRESS 9838 SE 175th ST.	
4.4 CITY-ST-ZIP SUMMERFIELD, FL. 34491	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 **LARRY L. KOBLENTZ** 1/9/97 (352)694-1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 006806

CFR2E037 (9/96)