

FILE NOW: FILING FEE IS \$61.25

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Jan 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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

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**

4. FEI Number

**23-7323451**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 JENNINGS, DOUGLAS JR**  
STREET ADDRESS **816 SE TERR**  
CITY-ST-ZIP **OCALA FL**

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition  
1.2 NAME **GILLIS, WAYNE**  
1.3 STREET ADDRESS **6226 SE 113TH AVE**  
1.4 CITY-ST-ZIP **BELLEVIEW, FL 34420**

TITLE ☐ DELETE  
NAME **VPD GILLIS, WAYNE**  
STREET ADDRESS **6226 SE 113TH ST**  
CITY-ST-ZIP **BELLEVIEW FL**

2.1 TITLE **VPD** ☒ Change ☐ Addition  
2.2 NAME **POTTER, MARION**  
2.3 STREET ADDRESS **16767 SE HWY 301**  
2.4 CITY-ST-ZIP **SUMMERFIELD, FL. 34491**

TITLE ☐ DELETE  
NAME **VPD POTTER, MARION**  
STREET ADDRESS **16767 SE HWY 301**  
CITY-ST-ZIP **SUMMERFIELD FL**

3.1 TITLE **VPD** ☒ Change ☐ Addition  
3.2 NAME **LARRY MARCUM**  
3.3 STREET ADDRESS **PO BOX 83**  
3.4 CITY-ST-ZIP **CITRA, FL 32113**

TITLE ☐ DELETE  
NAME **VPD STACK, ROBERT**  
STREET ADDRESS **9838 SE 175TH ST**  
CITY-ST-ZIP **SUMMERFIELD FL**

4.1 TITLE **VPD** ☒ Change ☐ Addition  
4.2 NAME **JERRY HEADLEE**  
4.3 STREET ADDRESS **5500 SE 42ND CT**  
4.4 CITY-ST-ZIP **OCALA, FL. 34480**

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

5.1 TITLE **SD** ☒ Change ☐ Addition  
5.2 NAME **FRENCH, EARL**  
5.3 STREET ADDRESS **3321 NW 44TH CT**  
5.4 CITY-ST-ZIP **OCALA, FL. 34482**

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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: *Earl French* REQUIRED

1/5/98

(352) 694-1515

CP2E037 (10/97)