

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #753699

1. Corporation Name

Ocala Shrine Club Association, Inc.

Principal Place of Business

Mailing Address

4301 SE MARICAMP RD PO Box 830035
Ocala FL 34483 Ocala, FL 34483

2. Principal Place of Business

21 4301 SE MARICAMP RD

2a. Mailing Address

26 PO Box 830035

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Ocala FL

27 City & State

28 Ocala FL

24 Zip

34483

Country

25 MARION

29 Zip

34483

Country

30 MARION

9. Name and Address of Current Registered Agent

EARL FRENCH
3321 NW 44TH CT
Ocala FL 34482

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 *Earl French*

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MARION POTTER
STREET ADDRESS 16767 SE HWY 4301
CITY-ST-ZIP SUMMERFIELD FL 34491

TITLE VPD
NAME LARRY MARCUM
STREET ADDRESS PO Box 83
CITY-ST-ZIP CITRA FL 32113

TITLE VPD
NAME JEFFREY MILLER
STREET ADDRESS 5501 NW 62ND PLACE
CITY-ST-ZIP Ocala FL 34475

TITLE SD
NAME EARL FRENCH
STREET ADDRESS 3321 NW 44TH CT
CITY-ST-ZIP Ocala FL 34482

TITLE TD
NAME HUGH REID
STREET ADDRESS 513 SE 52ND AVE
CITY-ST-ZIP Ocala FL 34471

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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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, unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE *Earl French* EARL FRENCH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CORRECTED REPORT

3/11/99 CORRECTED
FILE REPORT

99 MAR 12 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E037 (11/98)