

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-29-2002 90082 011 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753699

1. Entity Name

OCALA SHRINE CLUB ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**4301 SE MARIEAMP RD
OCALA FL 34483**

**PO BOX 830035
OCALA FL 34483**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRENCH, EARL
3321 NW 44TH CT
OCALA FL 34482**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VO** Delete
NAME **HENNESSY, JOHN**
STREET ADDRESS **1127 NE 42ND AVE**
CITY-ST-ZIP **OCALA FL 34470**

TITLE **PRESIDENT** Change Addition
NAME **JOHN HENNESSY D**
STREET ADDRESS **1127 NE 42ND AVE**
CITY-ST-ZIP **OCALA FL 34470**

TITLE **VP** Delete
NAME **STONE, MICHAEL**
STREET ADDRESS **4573 NE 6TH ST**
CITY-ST-ZIP **OCALA FL 34470**

TITLE **2ND V.P.** Change Addition
NAME **MICHAEL STONE D**
STREET ADDRESS **4573 NE 6TH ST**
CITY-ST-ZIP **OCALA FL 34470**

TITLE **PD** Delete
NAME **MILLER, JEFFREY**
STREET ADDRESS **5501 NW 62ND PLACE**
CITY-ST-ZIP **OCALA FL 34475**

TITLE **BRD V.P.** Change Addition
NAME **EDDRELL MILLER D**
STREET ADDRESS **355 NE 155TH PL**
CITY-ST-ZIP **CITRA FL 32113**

TITLE **SD** Delete
NAME **FRENCH, EARL**
STREET ADDRESS **3321 NW 44TH CT**
CITY-ST-ZIP **OCALA FL 34482**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **REID, HUGH**
STREET ADDRESS **513 SE 52ND AVENUE**
CITY-ST-ZIP **OCALA FL 34471**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VO** Delete
NAME **MILLER, ROBERT**
STREET ADDRESS **353 NE 158TH PLACE**
CITY-ST-ZIP **CITRA FL 32113**

TITLE **1ST VP** Change Addition
NAME **ROBERT MILLER D**
STREET ADDRESS **353 NE 158TH PL**
CITY-ST-ZIP **CITRA FL 32113**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carolyn J. [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02
Date

352-694-1515
Daytime Phone #

CR2E037 (9/01)