

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90042 021 ****61.25

0022870

DOCUMENT # 753699

1. Entity Name
OCALA SHRINE CLUB ASSOCIATION, INC.



Principal Place of Business
**4301 SE MARIEAMP RD
OCALA FL 34483**

Mailing Address
**PO BOX 830035
OCALA FL 34483**

90001879



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **2VPD** Delete
NAME **STONE, MICHAEL**
STREET ADDRESS **4573 NE 6TH ST**
CITY-ST-ZIP **OCALA FL 34470**

TITLE **2VPD** Change Addition
NAME **PETERSON, PETER**
STREET ADDRESS **11094 N.G. C-314**
CITY-ST-ZIP **SILVER SPRINGS, FL. 34488**

TITLE **3VPD** Delete
NAME **MILLER, EDDREL**
STREET ADDRESS **355 NE 155TH PL**
CITY-ST-ZIP **CITRA FL 32113**

TITLE **3VPD** Change Addition
NAME **MALONE, RONALD**
STREET ADDRESS **3366 SW 10TH TERR**
CITY-ST-ZIP **OCALA, FL. 34474**

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 **TD** Change Addition
NAME **KINNE, RICHARD**
STREET ADDRESS **11951 NW 86 ST**
CITY-ST-ZIP **OCALA, FL. 34482**

TITLE **1VPD** Delete
NAME **MILLER, ROBERT**
STREET ADDRESS **353 NE 158TH PLACE**
CITY-ST-ZIP **CITRA FL 32113**

TITLE **1VPD** Change Addition
NAME **HEADLEE, JERRY**
STREET ADDRESS **5300 SE 42ND COURT**
CITY-ST-ZIP **OCALA, FL. 34480**

CR2E037 (10/02)

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: *Earl French*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03 352-694-1515