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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

24004337

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000005810

1. Entity Name
OCALA WEST DETACHMENT 1072 M.C.L., INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 76092 OCALA, FL 34481	POST OFFICE BOX 76092 OCALA, FL 34481

01222004 Chg-NP CR2E037 (10/03)

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 59-3681319 ☐ 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
HENAGHAN, ROBERT I 10439 S.W. 75TH TERRACE OCALA, FL 34476	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T FRANCIS, MELVIN 00676 S.W. 74TH AVENUE OCALA, FL 34476	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JAMES J. McCARTHY 8771 S.W. 116TH LANE RD OCALA, FL 34481	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ESTEP, GROVER F 11518 S.W. 72ND CIRCLE OCALA, FL 34476	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T EDWARD J. KRECZMER 5320 S.W. 87TH PLACE OCALA, FL 34476	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HENAGHAN, ROBERT I 10439 S.W 75TH TERRACE OCALA, FL 34476	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1/31/03	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Robert L Henaghan - ROBERT L. HENAGHAN 1/30/04 352-291-0633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #