

FILED
Apr 26, 2000 8:00 am
Secretary of State

03-04-2000 90062 040 ****70.00

DOCUMENT # N99000006635

1. Entity Name

ORANGE LAKE COMMUNITY CLUB, INC.

Principal Place of Business

Mailing Address

18349 NW 60 AVE
 ORANGE LAKE FL 32681

P O BOX 232
 ORANGE LAKE FL 32681-0232

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

59-3626572

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

JAMERSON, MITCHELL
 18349 NW 60 AVE
 ORANGE LAKE FL 32681

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 Mitchell Jamerson (Mitchell Jamerson)

02/28/00

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 <u>ASST SCC</u>	Officer <input type="checkbox"/> Delete	NAME Elaine Allen
STREET ADDRESS 5544 West HWY 318		CITY-ST-ZIP Reddick, FL 32686
TITLE <u>2nd Chair</u>	Officer <input type="checkbox"/> Delete	NAME Alfred D. Smith
STREET ADDRESS 5850 NW 185th St		CITY-ST-ZIP Reddick, FL 32686
TITLE <u>Chairman</u>	Officer <input type="checkbox"/> Delete	NAME Mitchell Jamerson <u>Chairman</u>
STREET ADDRESS 18349 NW 60th Ave		CITY-ST-ZIP Orange Lake, FL 32681
TITLE <u>T</u>	Officer <input type="checkbox"/> Delete	NAME Arthur L. Smith
STREET ADDRESS Post Office Box 331		CITY-ST-ZIP Orange Lake, FL 32681
TITLE	Officer <input type="checkbox"/> Delete	NAME Rennard Ivey
STREET ADDRESS 2100 SE 46th Terr		CITY-ST-ZIP Gainesville, FL 32601
TITLE <u>Sec</u>	Officer <input type="checkbox"/> Delete	NAME Denise S. Jamerson
STREET ADDRESS Post Office Box 316		CITY-ST-ZIP Orange Lake, FL 32681

TITLE <u>T</u>	Officer <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <u>LAWANDA LOWERY</u>
STREET ADDRESS 8630 N.W. 11th Terr.		CITY-ST-ZIP Ocala, FL 34475
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Edward Strong
STREET ADDRESS 6920 NW 178th Place		CITY-ST-ZIP Reddick FL 32686
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <u>Rev. Harold N. Damon</u>
STREET ADDRESS 3719 SE 73rd St		CITY-ST-ZIP Ocala FL 34480 <u>vice chair</u>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <u>Treasure Dollie M. Strong</u>
STREET ADDRESS 6920 NW 178th Pl.		CITY-ST-ZIP Reddick, FL 32686
TITLE <u>T</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <u>KEITH L. GORDON</u>
STREET ADDRESS 18373 NW 60 Ave		CITY-ST-ZIP Orange Lake, FL 32681
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <u>OFFICER Renee Parks</u>
STREET ADDRESS P.O. Box 725		CITY-ST-ZIP Orange Lake, FL 32681

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: Mitchell Jamerson **REQUIRED**

02/28/00

352-591-5088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Chairman

CR2E037 (9/99)