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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 743682

1. Corporation Name

OCALA SINGLES CLUB, INC.

Principal Place of Business

9510 NE 28TH LN
SILVER SPRINGS FL 34488
US

Mailing Address

P.O. BOX 1288
SILVER SPRINGS FL 34488
US



94543 . 90062 . 1

2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

21

26

07/24/1978

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
23-7434870

☒ Applied For
☐ Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRIM, FRED J.
121 N.W. 3RD. STREET
OCALA FL 32670

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S ☐ DELETE
NAME VEYON, JENNY
STREET ADDRESS 6865 NE 2ND LOOP
CITY-ST-ZIP Ocala FL 34470

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☒ DELETE
NAME JOHNSON, ARCHIE
STREET ADDRESS 2450 SW 38TH AVE
CITY-ST-ZIP Ocala FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

JEAN ANDREWS ☒ Change ☒ Addition
10962 S.W. 84 AVE
OCALA, FL. 34481

TITLE T ☒ DELETE
NAME MEYERS, THELMA
STREET ADDRESS 1638 N.E. 15TH TERR
CITY-ST-ZIP Ocala FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

DORIS HART ☒ Change ☒ Addition
7101 WEST ANTHONY LOT 30
OCALA, FL. 34479

TITLE P ☐ DELETE
NAME BIRKHEIMER, CHUCK
STREET ADDRESS 710 NE 43RD ST
CITY-ST-ZIP Ocala FL 34479

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME HOPKINS, BARBARA
STREET ADDRESS 12372 SE 85TH CT
CITY-ST-ZIP BELLEVUE FL 34420

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☒ DELETE
NAME ELAND, MICHELLE
STREET ADDRESS P.O. BOX 541
CITY-ST-ZIP KEYSTONE HTGS FL 32065

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

JOHN CONNORS ☒ Change ☒ Addition
3705 S.E. 173RD TERR
OCALA FL. 32179

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

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99

Date

352867-1749

Daytime Phone #

CR2E037 (1/98)