

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 753699

**Entity Name:** OCALA SHRINE CLUB ASSOCIATION, INC.

**Current Principal Place of Business:**

4301 SE MARICAMP RD.  
OCALA, FL 34480-6316

**Current Mailing Address:**

P. O. BOX 830035  
OCALA, FL 34483

**FEI Number:** 23-7323451

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MOORE, DOUGLAS  
4301 SE MARICAMP RD.  
OCALA, FL 34480-6316 US

*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:** DOUGLAS MOORE

01/16/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ASST. SECRETARY  
Name HAMMOND, GEHL (LARRY) M  
Address 4301 SE MARICAMP ROAD  
City-State-Zip: OCALA FL 34480

Title PRESIDENT  
Name MOORE, DOUGLAS  
Address 4301 SE MARICAMP RD.  
City-State-Zip: OCALA FL 34480-6316

Title DIRECTOR  
Name MIX, HAROLD  
Address 18370 NW 5TH CT  
City-State-Zip: CITRA FL 32113

Title SECRETARY, TREASURER  
Name DAVIS, C VICTOR JR.  
Address 4301 SE MARICAMP RD.  
City-State-Zip: OCALA FL 34480-6316

Title VP  
Name PORTER, WILLIAM  
Address 4301 SE MARICAMP RD.  
City-State-Zip: OCALA FL 34480-6316

Title DIRECTOR  
Name SHAFFER, MARK  
Address 4301 SE MARICAMP RD.  
City-State-Zip: OCALA FL 34480-6316

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** C VICTOR DAVIS, JR

SECRETARY/TRES

01/16/2020

Electronic Signature of Signing Officer/Director Detail

Date