


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>DOCUMENT # 721585 (8)</b>
1. Corporation Name <b>CHRISTOPHER CLUB OF OCALA, INC.</b>

Principal Place of Business <b>2030 NE 36TH AVENUE OCALA FL 34470</b>	Mailing Address <b>2030 NE 36TH AVENUE OCALA FL 34470</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>08/25/1971</b>		3a. Date of Last Report <b>03/13/1996</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>23-7329929</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>SCHULZE, J. GRAHAM 1804 CYPRESS POINT RD OCALA FL 34472</b>				10. Name and Address of New Registered Agent			
				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]* **7/26/97**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KUNZMANN, FRANCIS			1.2 NAME	WALKER, DAVID G SR		
STREET ADDRESS	RT 1 BOX 598			1.3 STREET ADDRESS	3213 SE 33 ST		
CITY-ST-ZIP	ANTHONY FL 32617			1.4 CITY-ST-ZIP	OCALA FL 34471		
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PELEHATY, NICHOLAS			2.2 NAME			
STREET ADDRESS	1921 SE 58TH CT			2.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL			2.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRAHAM, SCHULZE			3.2 NAME	SCHULZE, GRAHAM		
STREET ADDRESS	1804 CYPRESS POINT RD			3.3 STREET ADDRESS	1804 CYPRESS POINT RD		
CITY-ST-ZIP	OCALA FL 34472			3.4 CITY-ST-ZIP	OCALA FL 34472		
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WAHMAN, BERNARD H			4.2 NAME	WAHMAN, BERNARD H		
STREET ADDRESS	2925 NE 10TH ST			4.3 STREET ADDRESS	2925 NE 10th ST		
CITY-ST-ZIP	OCALA FL			4.4 CITY-ST-ZIP	OCALA FL		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHEPLER, RON			5.2 NAME			
STREET ADDRESS	922 NE 13TH AVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL 34470			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MURPHY, JOHN			6.2 NAME			
STREET ADDRESS	3323 NE 14TH ST			6.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL			6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE *[Signature]* SIGNATURE REQUIRED *[Signature]*

CR2E037 (4/97)