


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **721585** (8)

1. Corporation Name

**CHRISTOPHER CLUB OF OCALA, INC.**

Principal Place of Business

**2030 NE 36TH AVENUE  
OCALA FL 34470**

Mailing Address

**2030 NE 36TH AVENUE  
OCALA FL 34470**



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 2a. Mailing Address |         |
| 21                             |         | 26                  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| 22                             |         | 27                  |         |
| City & State                   |         | City & State        |         |
| 23                             |         | 28                  |         |
| Zip                            | Country | Zip                 | Country |
| 24                             |         | 29                  |         |
| 25                             |         | 30                  |         |

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>08/25/1971</b>  |  |
| 4. FEI Number<br><b>23-7329929</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| 8. This corporation owes or has paid the current year intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

**SCHULZE, J. GRAHAM  
1804 CYPRESS POINT RD  
OCALA FL 34472**

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, 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                      | P <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KUNZMANN, FRANCIS                  | 1.2 NAME  |   |
| STREET ADDRESS             | RT 1 BOX 598                       | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ANTHONY FL 32617                   | 1.4 CITY-ST-ZIP                                       |   |
| 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 56TH CT                    | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | OCALA FL                           | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SCHULZE, GRAHAM                    | 3.2 NAME  |   |
| STREET ADDRESS             | 1804 CYPRESS POINT RD              | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | OCALA FL                           | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | TD <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WAHMAN, BERNARD H                  | 4.2 NAME  |   |
| STREET ADDRESS             | 2925 NE 10TH ST                    | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | OCALA FL                           | 4.4 CITY-ST-ZIP                                       |   |
| 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 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:

*NICHOLAS PELEHATY*

CR2E037 (10/97)