
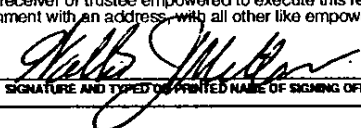


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90054 004 ****61.25

DOCUMENT # 721585 1. Entity Name CHRISTOPHER CLUB OF OCALA, INC.					
Principal Place of Business 2301 N.E. 17 PLACE 101 OCALA, FL 34470			Mailing Address P.O. BOX 241 OCALA, FL 34478		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 23-7329929	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KUNZMANN, FRANK 1890 NE 91ST PLACE ANTHONY, FL 32617				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME KUNZMANN, FRANK STREET ADDRESS 1890 NE 81ST CT CITY-ST-ZIP ANTHONY, FL 32617	<input checked="" type="checkbox"/> Delete		TITLE P NAME Mark A. Nuetzi STREET ADDRESS 718 SE 24th Street CITY-ST-ZIP Ocala, FL 34470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME MILLAR, WALTER J STREET ADDRESS 3938 SE 15TH STREET CITY-ST-ZIP OCALA, FL 34471	<input checked="" type="checkbox"/> Delete		TITLE JAMES R. Delph NAME VP STREET ADDRESS 6191 NE 64th Street CITY-ST-ZIP Silver Springs, FL 34488	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME HORSWOOD, WILLIAM STREET ADDRESS 2761 SW 98TH STREET RD CITY-ST-ZIP OCALA, FL 34476	<input checked="" type="checkbox"/> Delete		TITLE Treaas NAME Walter J. Millar STREET ADDRESS 3938 SE 15th Street CITY-ST-ZIP Ocala, FL 34471	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME PELEHATY, NICHOLAS STREET ADDRESS 1921 SE 56TH COURT CITY-ST-ZIP OCALA, FL 34471	<input checked="" type="checkbox"/> Delete		TITLE D NAME KUNZMANN, FRANK STREET ADDRESS 1890 NE 81ST COURT CITY-ST-ZIP ANTHONY, FL 32617	<input type="checkbox"/> Delete	
TITLE D NAME NUETZI, MARK A STREET ADDRESS 718 S.E. 24TH ST CITY-ST-ZIP OCALA, FL 34471	<input type="checkbox"/> Delete		TITLE D NAME NUETZI, MARK A STREET ADDRESS 718 S.E. 24TH ST CITY-ST-ZIP OCALA, FL 34471	<input type="checkbox"/> Delete	
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: 			Walter J. Millar		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/14/05 352-694-1692 <small>Date Daytime Phone #</small>		