

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729698 (1)
1. Corporation Name

OCCIDENTAL EMPLOYEES' RECREATION ASSOCIATION, INC.



Principal Place of Business: STATE RD 137, P.O. BOX 300, WHITE SPRINGS FL 32096
Mailing Address: STATE RD 137, P.O. BOX 300, WHITE SPRINGS FL 32096

3. Date Incorporated or Qualified: **05/17/1974**
3a. Date of Last Report: **08/14/1995**

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: **59-1554943**
Applied For: Not Applicable

Suite, Apt. #, etc.: 22
27

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: 23
28

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: 24
Country: 25
29
30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HALEY, WILLIAM J.
10 NORTH COLUMBIA STREET
LAKE CITY FL 32055**

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 in agreement with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PUERNER, MIKE	
STREET ADDRESS	RT. 10, BOX 896	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, RONALD	
STREET ADDRESS	2546 TIM ST	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HERLONG, ANNE	
STREET ADDRESS	RT. 9, BOX 928	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HERLONG, ANNE	
STREET ADDRESS	RT 9 BOX 928	
CITY-ST-ZIP	LAKE CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TO Little, Anne
3.3 STREET ADDRESS	Rt 9 Box 940
3.4 CITY-ST-ZIP	L.C. Fla 32024
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Little Anne
4.3 STREET ADDRESS	Rt 9 Box 940
4.4 CITY-ST-ZIP	LC Fla 32024
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/96 **904-792-6131**
Date Daytime Phone #

CR2E037 (3/96)