

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90150 020 ****61.25

DOCUMENT # 733150

1. Corporation Name

OCALA MEMORIAL POST TWENTY SEVEN, INC.

Principal Place of Business

1606 SE 14TH ST
OCALA FL 32671

Mailing Address

1606 SE 14TH ST
OCALA FL 32671

431439 90150 20



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/24/1975

4. FEI Number

59-6200395

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

DEAS, NOLIE C. SR.
1606 SE 14TH ST.
OCALA FL 34471

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

TITLE D
NAME SHIELDS, THOMAS H., JR.
STREET ADDRESS 941 NW 5TH ST
CITY-ST-ZIP Ocala FL ☒ DELETE

TITLE STD
NAME DEAS, NOLIE C., SR.
STREET ADDRESS 1606 SE 14TH ST.
CITY-ST-ZIP Ocala FL ☐ DELETE

TITLE VD
NAME DAVIS, HARRY M.
STREET ADDRESS 931 SE 27TH STREET
CITY-ST-ZIP Ocala FL ☐ DELETE

TITLE D
NAME ELLIS, GEORGE C. SR.
STREET ADDRESS 5357 NE 23RD AVENUE
CITY-ST-ZIP Ocala FL ☐ DELETE

TITLE D
NAME SECKINGER, VANNESS B JR
STREET ADDRESS 90 SW 85TH AVENUE
CITY-ST-ZIP Ocala FL ☐ DELETE

TITLE PD
NAME HENNING, STEVEN F
STREET ADDRESS 12950 NW 21ST CT
CITY-ST-ZIP Ocala FL ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

NOLIE C. DEAS, SR. 4/24/99 352-622-8039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)