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FILED

May 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 743682 (7)

1. Corporation Name

OCALA SINGLES CLUB, INC.

Principal Place of Business

9510 NE 28TH LN  
SILVER SPRINGS FL 34488

Mailing Address

9510 NE 28TH LN  
SILVER SPRINGS FL 34488-2318



3. Date Incorporated or Qualified  
07/24/1978

3a. Date of Last Report  
03/29/1996

4. FEI Number  
23-7434870

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

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRIM, FRED J.  
121 N.W. 3RD. STREET  
OCALA FL 32870

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 S ☐ DELETE  
NAME HANSLEY, FRANCES H  
STREET ADDRESS 1935 NE 17 PL  
CITY-ST-ZIP Ocala FL

TITLE D ☒ DELETE  
NAME GILBERT, FRANCES  
STREET ADDRESS 3231 SE 30 TERR  
CITY-ST-ZIP Ocala FL

TITLE T ☐ DELETE  
NAME MEYERS, THELMA  
STREET ADDRESS 1638 N.E. 15TH TERR  
CITY-ST-ZIP Ocala FL

TITLE P ☒ DELETE  
NAME FLYNN, BRYCE  
STREET ADDRESS 4037 NW BLITCHTON RD., APT. 10D  
CITY-ST-ZIP Ocala FL

TITLE D ☒ DELETE  
NAME SAVAGE, BEN  
STREET ADDRESS 1203 SW 86TH AVE.  
CITY-ST-ZIP Ocala FL

TITLE D ☒ DELETE  
NAME ELAND, MICHELLE  
STREET ADDRESS 710 N E 43RD ST  
CITY-ST-ZIP Ocala FL

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

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME HART, DORIS L.  
2.3 STREET ADDRESS 7101 - 30W ANTHONY RD  
2.4 CITY-ST-ZIP Ocala, FL 34475

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

4.1 TITLE P ☒ Change ☐ Addition  
4.2 NAME TONN LARRY  
4.3 STREET ADDRESS 14480 N 441  
4.4 CITY-ST-ZIP CITRA, FL 32113

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME GIRTON, MARSEHELL  
5.3 STREET ADDRESS 1638 NE 15th Terrace  
5.4 CITY-ST-ZIP Ocala FL 34470

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME Sue HARDIN  
6.3 STREET ADDRESS 3030 SW 85th St  
6.4 CITY-ST-ZIP Ocala, FL 34476

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.

Thelma A. L. Meyers - Thelma L. Meyers

CR2E037 (9/96)