


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 25, 2004 8:00 am
Secretary of State

08-25-2004 90005 029 ****61.25

DOCUMENT # 743682 1. Entity Name OCALA SINGLES CLUB, INC.	
-------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business P.O. BOX 1288 SILVER SPRINGS FL 34489	Mailing Address P.O. BOX 1288 SILVER SPRINGS FL 34489
---------------------------------------------------------------------------------	---------------------------------------------------------------------

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
-----------------------------------------------------------	-----------------------------------------------

City & State	City & State	4. FEI Number 23-7434870	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



MOORE CR2E037 (4/04)

6. Name and Address of Current Registered Agent KRIM, FRED J. 121 N.W. 3RD. STREET OCALA FL 32670	
-------------------------------------------------------------------------------------------------------------------------	--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
-----------------------------------------------------------------------------------------------------------------------------------------	--

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) DATE _____

FILE NOW: FEE IS \$61.25 Due By September 8, 2004	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 NAME STREET ADDRESS CITY-ST-ZIP	1VP DIXON, JUDY 1510 NE 17TH ST OCALA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STANLEY, JERRY 5504 S.E. 34 CT OCALA FL 34480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD SHEERER, PEARL 28290 SW 34TH ST OCALA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joan Allen - 2VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3920 SW 30th St. Lot A-14 OCala Fl. 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3VPD SWEENEY, CHRISTY 1916 NE 125TH TERRACE RD SILVER SPRINGS FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RALPH SENNE 2426 S.W. 14th Lane Rd OCala Fl 34473
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CALTABIANO, ANGELO M P.O. BOX 4911 OCALA FL 34478 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lee Edwards 5608 Fairway Cir OCala Fl. 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3D BIRKHEMER, CHUCK 710 NE 43TH ST OCALA FL 34479 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3-D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Scott Fuller 7101 W. 59th (Anthony Rd) OCala Fl. 34479

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: Jerry Stanley **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
Date 8/21/04 Daytime Phone # 352.622.1558