

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90026 020 \*\*\*\*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

40019430



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

23-7434870

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE 1VP ☒ Delete  
NAME DIXON, JUDY  
STREET ADDRESS 1510 NE 17TH ST  
CITY-ST-ZIP. Ocala FL

TITLE P ☒ Delete  
NAME STANLEY, JERRY  
STREET ADDRESS 5504 S.E. 34 CT  
CITY-ST-ZIP Ocala FL 34480

TITLE 2VPD ☐ Delete  
NAME ALLEN, JOAN  
STREET ADDRESS 3920 SW 30TH ST LOT A-14  
CITY-ST-ZIP Ocala FL 34472

TITLE 3VPD ☐ Delete  
NAME SENNE, RALPH  
STREET ADDRESS 2426 SW 14TH LANE RD  
CITY-ST-ZIP Ocala FL 34473

TITLE ☒ Delete  
NAME EDWARDS, LEE  
STREET ADDRESS 560 B FAIRWAY CIR.  
CITY-ST-ZIP Ocala FL 34472

TITLE SD ☐ Delete  
NAME FULLER, SCOTT  
STREET ADDRESS 7101 W 59TH ANTHONY RD  
CITY-ST-ZIP Ocala FL 34479

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE 1VP ☐ Change ☐ Addition  
NAME Jerry STANLEY  
STREET ADDRESS 5504 S.E. 34th COURT  
CITY-ST-ZIP Ocala, FLA. 34480

TITLE P ☐ Change ☐ Addition  
NAME Edna B RYALS  
STREET ADDRESS 1612 N.E. 25th AVE LOT 14  
CITY-ST-ZIP Ocala, FLA 34470

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME TREASURE  
STREET ADDRESS RAYMOND BENNER  
CITY-ST-ZIP 2473, S.E. 179th AVE  
SILVER SPRING'S, FL. 34488

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Edna B Ryals  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/05  
Date Daytime Phone #