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Jul 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # 748289

1. Corporation Name
The Real mccoy Players of Central Florida, Inc

Principal Place of Business	Mailing Address
13131 Hwy 316 Fort mccoy Florida 32134	P.O. Box 1646 Belleview Fl 34420

3. Date Incorporated or Qualified: 7/31/79

4. FEI Number: 59-303-4963 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 13131 Hwy 316	26 P.O. Box 1646
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Fort mccoy Fl	28 City & State: Belleview Fl
24 Zip: 32134 25 Country: Marion	29 Zip: 34420 30 Country: Marion

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Lillian K Brown 2470 n.E. 136 lane Salt Springs Fl 32134	81 Name: Deborah J Hurtead 82 Street Address (P.O. Box Number is Not Acceptable): 5500 N.E. 25 Ave 83 84 City: Ocala FL 85 Zip Code: 34471

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: Deborah J Hurtead /DEBORAH J HURTEAD 5/11/98
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	P	☐ DELETE	1.1 TITLE	P/D	☐ Change ☑ Addition
NAME	Lillian K Brown		1.2 NAME	President Deborah J Hurtead	
STREET ADDRESS	2470 ne 136 Lane		1.3 STREET ADDRESS	5500 N.E. 25 Ave	
CITY-ST-ZIP	Salt Springs Fl 32134		1.4 CITY-ST-ZIP	Ocala Fl 34471	
TITLE	V	☑ DELETE	2.1 TITLE	~~Vice President~~ VP	☐ Change ☑ Addition
NAME	Lucille Ballentine		2.2 NAME	Dr Mike Mishkin	
STREET ADDRESS	18151 SE 52 ST 16+20		2.3 STREET ADDRESS	2325 SE 19 Circle	
CITY-ST-ZIP	Oclawaha Fl 32179		2.4 CITY-ST-ZIP	Ocala Fl 34471	
TITLE	S	☐ DELETE	3.1 TITLE	~~S~~ Secretary	☐ Change ☐ Addition
NAME	Cecilia Phillips		3.2 NAME	Cecilia Phillips	
STREET ADDRESS	12352 S.E. 89 ter		3.3 STREET ADDRESS	12352 S.E. 89 ter	
CITY-ST-ZIP	Belleview Fl 34421		3.4 CITY-ST-ZIP	Belleview Fl 34421	
TITLE	T	☑ DELETE	4.1 TITLE	~~T~~ Trustee	☐ Change ☑ Addition
NAME	Fran Benner		4.2 NAME	nancy Trybulski	
STREET ADDRESS	14299 SE 58 court		4.3 STREET ADDRESS	10812 SE 55 Ave	
CITY-ST-ZIP	Summerfield Fl 34491		4.4 CITY-ST-ZIP	Belleview Fl 34421	
TITLE		☐ DELETE	5.1 TITLE	T Trustee	☐ Change ☑ Addition
NAME			5.2 NAME	Paul Vasvari	
STREET ADDRESS			5.3 STREET ADDRESS	1830 SE 169 court	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Silver Springs Fl 34488	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	900002589059 -07/15/98--01002--015	
STREET ADDRESS			6.3 STREET ADDRESS	***70.00	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Deborah J Hurtead /DEBORAH J. HURTEAD 5/11/98
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN DATE