

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 752171 (9)**

1. Corporation Name  
**OCALA EARLY RISER'S CIVITAN CLUB, INC.**



Principal Place of Business  
**3657 S.E. 46TH PL.  
P.O. BOX 759  
OCALA FL 34478  
US**

Mailing Address  
**3657 S.E. 46TH PL.  
P.O. BOX 759  
OCALA FL 34478  
US**

3. Date Incorporated or Qualified **04/24/1980**      3a. Date of Last Report **01/27/1995**

2. Principal Place of Business  
21 **627 NE 45 CT**      2a. Mailing Address  
26 **627 NE 45 CT**

22 Suite, Apt. #, etc.      27 Suite, Apt. #, etc.

23 City & State **OCALA FL**      28 City & State **OCALA FL**

24 Zip **34470**      25 Country      29 Zip **34470**      30 Country

4. FEI Number **51-0216916**      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

9. Name and Address of Current Registered Agent  
**SAILOR, JEFFREY L.  
3657 S.E. 46TH PL.  
OCALA FL 34478**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>SAILOR, JEFFREY L.</b>	
STREET ADDRESS	<b>3657 SE 46 PL</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>GALLIMORE, JAMES E</b>	
STREET ADDRESS	<b>924 NE 42ND TERR</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>BOYER, DARLENE A</b>	
STREET ADDRESS	<b>3349 NE 28TH AVE</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SABIN, RALPH</b>	
STREET ADDRESS	<b>2426 NE 14 ST. #90</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MICHAEL, KRISTIN C</b>	
STREET ADDRESS	<b>4001 SE 46TH ST</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BARNETT, MICHAEL D</b>	
STREET ADDRESS	<b>600 SE 35TH ST</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>KATHIE RUSHLOW</b>
1.3 STREET ADDRESS	<b>627 NE 45 CT</b>
1.4 CITY-ST-ZIP	<b>OCALA, FL 34470</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>JEFF SADDON</b>
4.3 STREET ADDRESS	<b>P.O. Box 759</b>
4.4 CITY-ST-ZIP	<b>OCALA, FL 34478</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: \_\_\_\_\_ **3/19/96** \_\_\_\_\_  
DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CR2E037 (12/95)