

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KATHIE RUSHLOW
1.3 STREET ADDRESS	627 NE 45 CT
1.4 CITY-ST-ZIP	OCALA, FL 34470
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	JEFF SADDON
4.3 STREET ADDRESS	PO BOX 759
4.4 CITY-ST-ZIP	OCALA FL 34478
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: _____ Date: **3/19/96** Daytime Phone: # _____

CR2E037 (12/95)