

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 752171 (9)

1. Corporation Name

OCALA EARLY RISER'S CIVITAN CLUB, INC.

Principal Place of Business

Mailing Address

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

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

2a. Mailing Address

21 **627 NE 45 CT**

26 **627 NE 45 CT**

4. FEI Number
51-0216916

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

23 **OCALA FL**

28 **OCALA FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

24 **34470**

Country

29 **34470**

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAILOR, JEFFREY L.
3657 S.E. 46TH PL.
OCALA FL 34478**

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

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
NAME **SAILOR, JEFFREY L.**
STREET ADDRESS **3657 SE 46 PL**
CITY-ST-ZIP **OCALA FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **KATHIE RUSHLOW**
1.3 STREET ADDRESS **627 NE 45 CT**
1.4 CITY-ST-ZIP **OCALA, FL 34470**

TITLE **V** ☐ DELETE
NAME **GALLIMORE, JAMES E**
STREET ADDRESS **924 NE 42ND TERR**
CITY-ST-ZIP **OCALA FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **BOYER, DARLENE A**
STREET ADDRESS **3349 NE 28TH AVE**
CITY-ST-ZIP **OCALA FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **SABIN, RALPH**
STREET ADDRESS **2426 NE 14 ST. #90**
CITY-ST-ZIP **OCALA FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **JEFF SADDON**
4.3 STREET ADDRESS **P.O. Box 759**
4.4 CITY-ST-ZIP **OCALA, FL 34478**

TITLE **D** ☐ DELETE
NAME **MICHAEL, KRISTIN C**
STREET ADDRESS **4001 SE 46TH ST**
CITY-ST-ZIP **OCALA FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **BARNETT, MICHAEL D**
STREET ADDRESS **600 SE 35TH ST**
CITY-ST-ZIP **OCALA FL**

6.1 TITLE ☐ Change ☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96

Date

Daytime Phone #

CR2E037 (12/95)