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FILED

May 15 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

627 NE 45 COURT  
OCALA FL 34470  
US

Mailing Address

627 NE 45 COURT  
OCALA FL 34470-1400  
US3. Date Incorporated or Qualified  
04/24/19803a. Date of Last Report  
03/22/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

4. FEI Number

51-0216916

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. 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.

~~0067 S.E. 48TH PL.~~ 2245 S.E. 12th ST  
OCALA FL 34470 Ocala, FL 34471

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 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 ☒ DELETE  
NAME RUSHLOW, KATHIE  
STREET ADDRESS 627 NE 45 COURT  
CITY - ST - ZIP Ocala FLTITLE ☐ DELETE  
NAME GALLIMORE, JAMES E  
STREET ADDRESS 924 NE 42ND TERR  
CITY - ST - ZIP Ocala FLTITLE ☐ DELETE  
NAME BOYER, DARLENE A  
STREET ADDRESS 3349 NE 28TH AVE  
CITY - ST - ZIP Ocala FLTITLE ☐ DELETE  
NAME SAILOR, JEFF  
STREET ADDRESS P.O. BOX 759 NA  
CITY - ST - ZIP Ocala FLTITLE ☐ DELETE  
NAME MICHAEL, KRISTIN C  
STREET ADDRESS 4001 SE 48TH ST  
CITY - ST - ZIP Ocala FLTITLE ☐ DELETE  
NAME BARNETT, MICHAEL D  
STREET ADDRESS 600 SE 35TH ST  
CITY - ST - ZIP Ocala FL1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME P  
1.3 STREET ADDRESS Helberg, Larry  
1.4 CITY - ST - ZIP 3677 S.E. 46th Place  
Ocala, FL 344802.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP6.1 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 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:

Kristin Michael REQUIRED

4/25/97

352-737-3872

Date

Daytime Phone # 0065358

CR2E037 (9/96)