

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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3. Date Incorporated or Qualified 04/24/1980	3a. Date of Last Report 03/22/1996
4. FEI Number 51-0216916	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

SAILOR, JEFFREY L.
~~8657 S.E. 48TH PL.~~ **2245 S.E. 12th ST**
OCALA FL 34470 Ocala, FL 34471

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	X D <input type="checkbox"/> DELETE
NAME	RUSHLOW, KATHIE
STREET ADDRESS	627 NE 45 COURT
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 type="checkbox"/> DELETE
NAME	SAILOR, JEFF
STREET ADDRESS	P.O. BOX 759 NA
CITY-ST-ZIP	OCALA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MICHAEL, KRISTIN C
STREET ADDRESS	4001 SE 48TH 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	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Helberg, Larry
1.3 STREET ADDRESS	3677 S.E. 46th Place
1.4 CITY-ST-ZIP	Ocala, FL 34480
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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** Date: **4/25/97** Daytime Phone #: **352-737-3872**

CR2E037 (9/96)