


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Jul 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 752171 (9)</b> 1. Corporation Name <b>OCALA EARLY RISER'S CIVITAN CLUB, INC.</b>					
Principal Place of Business <b>627 NE 45 COURT OCALA FL 34470 US</b>		Mailing Address <b>627 NE 45 COURT OCALA FL 34470 US</b>			
2. Principal Place of Business 21 <b>4500 NW BLITCHTON RD</b> Suite, Apt. #, etc. 22 <b># 207</b> City & State 23 <b>OCALA FL</b> Zip 24 <b>34482</b>		2a. Mailing Address 26 <b>4500 NW BLITCHTON RD</b> Suite, Apt. #, etc. 27 <b># 207</b> City & State 28 <b>OCALA, FL</b> Zip 29 <b>34482</b>		Country 25 <b>MARION</b> 30 <b>MARION</b>	
9. Name and Address of Current Registered Agent <b>SAILOR, JEFFREY L. 2245 S.E. 12TH ST OCALA FL 34471</b>					
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> DELETE			
NAME	<b>RUSHLOW, KATHIE</b>				
STREET ADDRESS	<b>627 NE 45 COURT</b>				
CITY-ST-ZIP	<b>OCALA FL</b>				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	<b>GALLIMORE, JAMES E</b>				
STREET ADDRESS	<b>824 NE 42ND TERR</b>				
CITY-ST-ZIP	<b>OCALA FL</b>				
TITLE	S	<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	D	<input type="checkbox"/> DELETE			
NAME	<b>SAILOR, JEFF</b>				
STREET ADDRESS	<b>P.O. BOX 759 NA</b>				
CITY-ST-ZIP	<b>OCALA FL</b>				
TITLE	D	<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	D	<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 type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
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 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: Darlene A. Boyer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/98 352-629-5147  
Date Daytime Phone #

CR2E037 (5/98)