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**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90023 026 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 752171**

1. Corporation Name

**OCALA EARLY RISER'S CIVITAN CLUB, INC.**

Principal Place of Business

**4500 N W BLITCHTON RD  
STE 207  
OCALA FL 34482  
US**

*BLITCHTON*

Mailing Address

**4500 N W BLITCHTON RD  
STE 207  
OCALA FL 34482  
US**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**04/24/1980**

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

9. Name and Address of Current Registered Agent

**SAILOR, JEFFREY L.  
2245 S.E. 12TH ST  
OCALA FL 34471**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D RUSHLOW, KATHIE**  
STREET ADDRESS **627 NE 45 COURT**  
CITY-ST-ZIP **OCALA FL**

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

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

TITLE ☐ DELETE  
NAME **D SAILOR, JEFF**  
STREET ADDRESS **P.O. BOX 759 NA**  
CITY-ST-ZIP **OCALA FL**

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

TITLE ☐ DELETE  
NAME **D 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  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

*Darlene A Boyer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)