FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:27

DOCUMENT # 755581 (6)

1. Corporate Name

HISTORIC OCALA PRESERVATION SOCIETY, INC.

Principal Place of Business	Mailing Address
2028 SE 7TH STREET 1266 SE FT. KING ST OCALA FL 32678 US	1266 SE FT KING ST. PO BOX 3123 OCALA FL 32678 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1980
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-2062769 — Applied For / Not Applicable

2 Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 3123
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Ocala, FL
Zip 24 / Country 25	Zip 29 34478 / Country 30 Marion

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STAFFORD, PAMELA
7220 SW 19TH AVE.
OCALA FL 34475

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	THOMAS, SUZANNE
STREET ADDRESS	706 SE 9TH ST.
CITY-ST-ZIP	OCALA FL
TITLE	VP
NAME	STAFFORD, PAM
STREET ADDRESS	7220 SW 19TH AVE.
CITY-ST-ZIP	OCALA, FL 00000
TITLE	VP
NAME	SYKES, ESTELLE
STREET ADDRESS	821 NE 44TH AVE.
CITY-ST-ZIP	OCALA FL
TITLE	T
NAME	SAILOR, JEFF
STREET ADDRESS	1266 SE FT. KING ST.
CITY-ST-ZIP	OCALA FL
TITLE	S
NAME	WILLMOT, D. B
STREET ADDRESS	3901 SE 24TH ST.
CITY-ST-ZIP	OCALA FL
TITLE	T
NAME	BOMBASSEI, BARBARA
STREET ADDRESS	2028 SE 7TH STREET
CITY-ST-ZIP	OCALA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE D / 1 NAME / 1 STREET ADDRESS / 1 CITY-ST-ZIP	P. THOMAS SUZANNE 706 SE 9TH ST OCALA FL 34471	☐ Change ☐ Addition
2 TITLE D / 2 NAME / 2 STREET ADDRESS / 2 CITY-ST-ZIP	V.P. STAFFORD PAM 7220 S.W 19TH AVE OCALA FL 34475	☐ Change ☐ Addition
3 TITLE D / 3 NAME / 3 STREET ADDRESS / 3 CITY-ST-ZIP	VP SYKES ESTELLE 821 NE 44TH AVE OCALA FL 34470	☐ Change ☐ Addition
4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP	T ~~PERRY~~ LOVELL, PERRY 521 SE FT. KING ST. OCALA, FL. 34471	☒ Change ☐ Addition
5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP	S WILLMOT D.B 3901 SE 24TH ST OCALA FL 34471	☐ Change ☐ Addition
6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP	**REMITTED BY MAY 1**	☒ Change ☐ Addition

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(6)(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: Perry Lovell PERRY LOVELL 3/28/95 (904)622-1927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0088450