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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 755581 (6)

1. Corporation Name
HISTORIC OCALA PRESERVATION SOCIETY, INC.



Principal Place of Business: 3901 SE 24TH ST, OCALA FL 34478, US
Mailing Address: P.O. BOX 3123, PO BOX 3123, OCALA FL 34478-3123, US

3. Date Incorporated or Qualified: 12/17/1980
3a. Date of Last Report: 02/19/1996

2. Principal Place of Business (21-23) and 2a. Mailing Address (26-30) fields with sub-questions for Suite, City, State, Zip, and Country.
4. FEI Number: 59-2062769
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
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 (81-85) fields for Name, Street Address, City, State, and Zip Code (FL 34476)

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, SUZANNE	1.2 NAME	
STREET ADDRESS	706 SE 9TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	34471
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAFFORD, PAM	2.2 NAME	
STREET ADDRESS	7220 SW 19TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL-00000-	2.4 CITY-ST-ZIP	34476
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVELL, PERRY	3.2 NAME	
STREET ADDRESS	521 SE FT KING ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	34471
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLMOT, D. B	4.2 NAME	
STREET ADDRESS	3901 SE 24TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	34471
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOMBASSEI, BARBARA	5.2 NAME	
STREET ADDRESS	2028 SE 7TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	TREASURER, ELSIE CRIPPEN
STREET ADDRESS		6.3 STREET ADDRESS	3723 SE 17th ST
CITY-ST-ZIP		6.4 CITY-ST-ZIP	OCALA FL 34471

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: *Elsie Crippen* ELSIE CRIPPEN (352) 1/11/97 694-4442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0088978

CFR2E037 (9/96)