

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 Mailing Address

3901 SE 24TH ST
OCALA FL 34471
US

P O BOX 3123
PO BOX 3123
OCALA FL 34478
US



3. Date Incorporated or Qualified

12/17/1980

4. FEI Number

59-2062769

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code
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

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

(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 |
| NAME | THOMAS, SUZANNE | |
| STREET ADDRESS | 706 SE 9TH ST. | |
| CITY - ST - ZIP | OCALA FL | |

| | |
|---------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | 34471 |

| | | |
|-----------------|--------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | STAFFORD, PAM | |
| STREET ADDRESS | 7220 SW 19TH AVE. | |
| CITY - ST - ZIP | OCALA, FL 00000 | |

| | |
|---------------------|--|
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | 34476 |

| | | |
|-----------------|--------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | LOVELL, PERRY | |
| STREET ADDRESS | 521 SE FT KING ST | |
| CITY - ST - ZIP | OCALA FL | |

| | |
|---------------------|---|
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |

| | | |
|-----------------|-------------------------|---------------------------------|
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | WILLMOT, D. B | |
| STREET ADDRESS | 3901 SE 24TH ST. | |
| CITY - ST - ZIP | OCALA FL | |

| | |
|---------------------|--|
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | 34471 |

| | | |
|-----------------|----------------------------|---------------------------------|
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | CRIPPEN, ELSIE | |
| STREET ADDRESS | 3723 SE 17TH STREET | |
| CITY - ST - ZIP | OCALA FL | |

| | |
|---------------------|--|
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | 34471 |

| | | |
|-----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| 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: **ELISIE CRIPPEN** (352)
TREASURER 1/20/98 694-4442

CR2E037 (10/97)