

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 755581

1. Entity Name
HISTORIC OCALA PRESERVATION SOCIETY, INC.

Principal Place of Business
**226 NE SANCHEZ AVE
OCALA, FL 34471 US**

Mailing Address
**P O BOX 3123
PO BOX 3123
OCALA, FL 34478 US**



01082004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2062769

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STAFFORD, PAMELA
7220 SW 19TH AVE.
OCALA, FL 34476**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
THOMAS, SUZANNE
706 SE 9TH ST.
OCALA, FL 34471**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STAFFORD, PAM
7220 SW 19TH AVE.
OCALA, FL 34476**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
WILLMOT, D. B
3901 SE 24TH ST.
OCALA, FL 34471**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
CRIPPEN, ELSIE
4522 NE 4TH ST
OCALA, FL 34470**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
ROSS, MARY
1005 SE 9TH AVE
OCALA, FL 34471**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000008691
01/20/04-80074-010 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elsie Crippen **ELsie CRIPPEN** 1/8/04 (352) 644-4442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #