


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90032 047 ****61.25

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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2062769	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent STAFFORD, PAMELA 7220 SW 19TH AVE. OCALA, FL 34476				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7220 SW 19th Avenue Road City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS THOMAS, SUZANNE 706 SE 9TH ST. OCALA, FL 34471	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAFFORD, PAM 7220 SW 19TH AVE. OCALA, FL 34476	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SEE SCHEDULE ATTACHED	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLMOT, D. B 3901 SE 24TH ST. OCALA, FL 34471	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CRIPPEN, ELSIE 4522 NE 4TH ST OCALA, FL 34470	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROSS, MARY 1005 SE 9TH AVE OCALA, FL 34471	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Elsie Crippen</u> <u>Treasurer</u> <u>2/6/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ELSIE CRIPPEN

ATTACHMENT

40015604
755581

Name	Title	Address	
Pamela Stafford	P/D	7220 SW 19th Avenue Road	Ocala, FL 34476
Suzanne Thomas	V/D	706 SE 9th Avenue	Ocala, FL 34471
Barbara Ryan	S/D	21 Hickory Loop	Ocala, FL 34472
Elsie Crippen	T/D	4522 NE 4th Street	Ocala, FL 34470
George Albright III	D	209 SE 15th Avenue	Ocala, FL 34471
Linda Anker	D	930 SE 5th Street	Ocala, FL 34471
Laura Bradford	D	222 SE Wenona Avenue	Ocala, FL 34471
Jane Cosand	D	906 SE Fort King Street	Ocala, FL 34471
Sally Daley	D	3050 SW 41st Lane	Ocala, FL 34474
Jarl Hagood	D	1026 SE 6th Place	Ocala, FL 34471
Ira Holmes	D	809 SE 8th Street	Ocala, FL 34471
Ron Kaylor	D	416 NE 12th Avenue	Ocala, FL 34470
John Kerley	D	726 SE 4th Street	Ocala, FL 34471
Andy Kesselring	D	1920 SE 8th Street	Ocala, FL 34471
Karen Kessler	D	1726 NE 4th Street	Ocala, FL 34470
Mary Ross	D	1005 SE 9th Avenue	Ocala, FL 34471
Rolando Sosa	D	114 South Magnolia Avenue	Ocala, FL 34471
Carl Supplee	D	208 SE 11th Avenue	Ocala, FL 34471
Beryl Willmot	D	3901 SE 24th Street	Ocala, FL 34471
Dan Wray	D	1126 SE 5th Street	Ocala, FL 34471