


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90126 003 \*\*\*\*61.25

<b>DOCUMENT # 755581</b>		
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 <del>PO BOX 3123</del> OCALA, FL 34478 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01172006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent	
STAFFORD, PAMELA 7220 SW 19TH AVE. OCALA, FL 34476	

4. FEI Number 59-2062769	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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
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	S/D RYAN, BARBARA 21 HICKORY LOOP OCALA, FL 34472 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*See Attached List*

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Paul Haywood* Treasurer 3-27-06 352 629 8845  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

20022324

#755581

## Historic Ocala Preservation Society, Inc. 2006 Officers & Directors

Thomas, Suzanne 706 SE 9th Street Ocala, Fl 34471	President	Director
McCullough, Tom 119 NE Tusawilla Avenue Ocala, Fl 34470	Vice President	Director
Crippen, Elsie 4522 NE 4th Street Ocala, Fl 34470	Secretary	Director
Hagood, Jarl 1026 SE 6th Place Ocala, Fl 34471	Treasurer	Director
Albright, George J. III 209 SE 15th Avenue Ocala, Fl 34471		Director
Amsden, Mike 2214 SE 28th Place Ocala, Fl 34471		Director
Anker, Linda 930 SE 5th Street Ocala, Fl 34471		Director
Belden, Gene 5038 SE 6th Avenue Ocala, Fl 34480		Director
Cosand, Jane 906 SE Fort King Street Ocala, Fl 34471		Director
Daley, Sally 3050 SW 41st Lane Ocala, Fl 34474		Director
Dobbs, Janice 3841 NE Fort King Street Ocala, Fl 34470		Director
Holmes, Ira 809 SE 8th Street Ocala, Fl 34471		Director

ATTACHMENT  
20022324  
#755581

**Historic Ocala Preservation Society, Inc.  
2006 Officers & Directors**

Kaylor, Ron 416 NE 12th Avenue Ocala, FL 34470	Director
Kerley, John 1520 SE 8th Street Ocala, FL 34471	Director
Kesselring, Andy 1920 SE 8th Street Ocala, FL 34471	Director
Kessler, Karen 1726 NE 4th Street Ocala, FL 34470	Director
Ross, Mary 1005 SE 9th Avenue Ocala, FL 34471	Director
Ruse, Barbara 1020 SE 5th Street Ocala, FL 34471	Director
Ryan, Barbara 21 Hickory Loop Ocala, FL 34472	Director
Stafford, Pamela 7220 SW 19th Avenue Road Ocala, FL 34476	Director
Supplee, Carl 208 SE 11th Avenue Ocala, FL 34471	Director
Willmot, Beryl 3901 SE 24th Street Ocala, FL 34471	Director