


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90044 005 \*\*\*\*61.25

<b>DOCUMENT # 755581</b> 1. Entity Name HISTORIC OCALA PRESERVATION SOCIETY, INC.	
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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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**DO NOT WRITE IN THIS SPACE**



03042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2062769	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  STAFFORD, PAMELA 7220 SW 19TH AVE. OCALA, FL 34476
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D\$ P 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	\$D 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	\$/D RYAN, BARBARA 21 HICKORY LOOP OCALA, FL 34472

**DO NOT WRITE  
IN THIS SPACE**

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:** Jarl Hagood - Jarl Hagood 3-13-07 352-351-1861  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Treasurer