2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 8:00 am Secretary of State

DOCUMENT # 755581 1. Entity Name HISTORIC OCALA PRESERVATION SOCIETY, INC.						05-01-2008	8 90184 013 ****61	.25	
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				600357	738 		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				0 3 3 			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04302008	Chg-NP	CR2E037 (12/06)		
City & State		City & State			4. FEI Numbe 59-2062		├	oplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desire	ed S8.75 Ad Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CTAFFORD DAMELA			Name	Name Thomas, Suzanne					
STAFFORD, PAMELA 7220 SW 19TH AVE. OCALA, FL 34476			Street A	Street Address (P.O. Box Number is Not Acceptable)					
			City	0 - 1			Zip Coo	le .	
_			- Ony	Ocal	<u>a</u>		FL Zip Coo	34471	
	named entity submits this statement	for the purpose of changing its	registered office o	r register	ed agent, or both	n, in the State of	f Florida. I am familiar with	and accept	
the obligat	tions of registered agent.	1 10	,						
	Du Para	N Thom	$a \wedge 1$				4/30/09		
SIGNATURE.	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	: Registered Agent signat	ure required	when reinstating)		DATE		
									
	1 1								
	Filing Rec is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund C	npaign Financing ontribution.		\$5.00 May Be Added to Fees	F	Make check payable t lorida Department of S		
10.		Trust Fund C			Added to Fees	F		tate	
10. TITLE	Due by May 1, 2008	Trust Fund C	ontribution.		Added to Fees	F	Torida Department of S	tate	
TITLE NAME	OFFICERS AND D DP THOMAS, SUZANNE	Trust Fund C	11. HILE	DV A	Added to Fees DDITIONS/CHA	NGES TO OFFI	Florida Department of S	tate	
TITLE NAME STREET ADDRESS	OFFICERS AND D OFFICERS AND D THOMAS, SUZANNE 706 SE 9TH ST.	Trust Fund C	11. THE NAME STREET ADDRESS	DV Cosar 906 S	Added to Fees DDITIONS/CHA d. Jane SE Fort Kin	NGES TO OFFI	Florida Department of S	tate	
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12. I hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PROTECT NAME OF SIGNING OFFICER OR DIRECTOR

732-0171