

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 755581

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

**Entity Name:** HISTORIC OCALA PRESERVATION SOCIETY, INC.

**Current Principal Place of Business:**

226 NE SANCHEZ AVE  
OCALA, FL 34471 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 3123  
PO BOX 3123  
OCALA, FL 34478 US

**New Mailing Address:**

**FEI Number:** 59-2062769      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CANNEY, JOHN  
1741 SE 43RD TERRACE  
OCALA, FL 34471 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DV  
Name: BELDING, GENE  
Address: 5038 SE 6TH AVENUE  
City-St-Zip: OCALA, FL 34480

Title: DS  
Name: FITPATRICK, CATHERINE  
Address: 719 SE 8TH STREET  
City-St-Zip: OCALA, FL 34471

Title: DT  
Name: LENAMOND, PAULINE  
Address: 835 SE 3RD STREET  
City-St-Zip: OCALA, FL 34471

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAULINE LENAMOND

DT

04/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date