

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 755581

**FILED**  
**Jan 03, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

820 SE FORT KING STREET  
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:**

P O BOX 3123  
OCALA, FL 34478 US

**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:**

FITZPATRICK, CATHERINE  
719 SE 8TH STREET  
OCALA, FL 34471 US

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: CATHERINE FITZPATRICK

01/03/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DV  
Name: ANKER, LINDA  
Address: 930 SE 5TH STREET  
City-St-Zip: OCALA, FL 34471

Title: DP  
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

Title: DS  
Name: CHEEK, JACKIE  
Address: 706 SE 4TH 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: CATHERINE FITZPATRICK

PRES

01/03/2011

Electronic Signature of Signing Officer or Director

Date