


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90098 012 \*\*\*\*61.25

**DOCUMENT # 755581**

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



Principal Place of Business  
**3901 SE 24TH ST  
OCALA FL 34471  
US**

Mailing Address  
**P O BOX 3123  
PO BOX 3123  
OCALA FL 34478  
US**

**22004389**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**226 NE Sanchez Ave**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**OCALA, FL**

City & State

Zip  
**34471**

Country  
**US**

4. FEI Number **59-2062769**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**STAFFORD, PAMELA  
7220 SW 19TH AVE.  
OCALA FL 34476**

DEF  
FL

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>THOMAS, SUZANNE</b>	
STREET ADDRESS	<b>706 SE 9TH ST.</b>	
CITY-ST-ZIP	<b>OCALA FL 34471</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STAFFORD, PAM</b>	
STREET ADDRESS	<b>7220 SW 19TH AVE.</b>	
CITY-ST-ZIP	<b>OCALA FL 34476</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>WILLMOT, D. B</b>	
STREET ADDRESS	<b>3901 SE 24TH ST.</b>	
CITY-ST-ZIP	<b>OCALA FL 34471</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CRIPPEN, ELSIE</b>	
STREET ADDRESS	<b>4522 NE 4TH ST</b>	
CITY-ST-ZIP	<b>OCALA FL 34470</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROSS, MARY</b>	
STREET ADDRESS	<b>1005 SE 9TH AVE</b>	
CITY-ST-ZIP	<b>OCALA FL 34471</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D/P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: WILLMOT D B WILLMOT TREASURER **2/3/03 (352)694-4442**

CR2E037 (10/02)