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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **761518** **(0)**

1. Corporation Name

**OCALA CHAPTER OF THE SOCIETY FOR THE PRESERVATIO N AND ENCOURAGEMENT OF BARBERSHOP QUARTET SINGIN**

500001464715
-04/26/95--01019--006
*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| C/O JOHN F. MCGOFF, JR.<br>P O BOX 2326<br>BELLEVIEW FL 34421 | C/O JOHN F. MCGOFF, JR.<br>P O BOX 2326<br>BELLEVIEW FL 34421 |

3. Date Incorporated or Qualified: 01/19/1982
3a. Date of Last Report: 04/27/1994
4. FEI Number: 93-0805344 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

**9. Name and Address of Current Registered Agent**

MCGOFF, JOHN F., JR.
12550 SE 54 AVE
P O BOX 2326 (MAIL)
BELLEVIEW FL 34421

**10. Name and Address of New Registered Agent**

81 Name JOSEPH H HANNEN
82 Street Address (P.O. Box Number is Not Acceptable) 621 SE. 39th TERRACE
83
84 City OCALA FL 85 Zip Code 34471

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Joseph H. Hannen 4-3-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | VD | 1.1 TITLE D | PRESIDENT | ☒ Change ☐ Addition |
| NAME | VAN ESS, JOHN | 1.2 NAME | JACK FAIR HURST | |
| STREET ADDRESS | 1618C KILLARNEY COURT | 1.3 STREET ADDRESS | 8709 F 96th ST | |
| CITY-ST-ZIP | OCALA FL | 1.4 CITY-ST-ZIP | OCALA FL. 34481 | |
| TITLE | PD | 2.1 TITLE VD | John McGoff | ☒ Change ☐ Addition |
| NAME | OGLE, CLAUDE | 2.2 NAME | | |
| STREET ADDRESS | 2901 SW 14TH ST | 2.3 STREET ADDRESS | 12550 SE 54 AVE | |
| CITY-ST-ZIP | OCALA FL | 2.4 CITY-ST-ZIP | BELLEVIEW FL. 34421 PO Box 2326 | |
| TITLE | VD | 3.1 TITLE VD | ALAN MULLOR | ☒ Change ☐ Addition |
| NAME | CUMMINGS, VINCENT B. | 3.2 NAME | | |
| STREET ADDRESS | 1908 A SW 31ST AVENUE | 3.3 STREET ADDRESS | 5037 N.W 18th St. | |
| CITY-ST-ZIP | OCALA FL | 3.4 CITY-ST-ZIP | OCALA FL 34475 | |
| TITLE | D | 4.1 TITLE VD | SECRETARY | ☒ Change ☐ Addition |
| NAME | MEEHAN, JAMES J. | 4.2 NAME | TOM WELCH | |
| STREET ADDRESS | 1920 SE 177TH AVENUE | 4.3 STREET ADDRESS | 10083 S.W. 182 circle | |
| CITY-ST-ZIP | SILVER SPRINGS FL | 4.4 CITY-ST-ZIP | DUNNELLON FL 34432 | |
| TITLE | T | 5.1 TITLE T | TREASURER | ☒ Change ☐ Addition |
| NAME | MCGOFF, JOHN F JR | 5.2 NAME | JOSEPH HANNEN | |
| STREET ADDRESS | PO BOX 2326 | 5.3 STREET ADDRESS | 621 S.E. 39th Terrace | |
| CITY-ST-ZIP | BELLEVIEW FL | 5.4 CITY-ST-ZIP | OCALA FL 34471 | |
| TITLE | SD | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ST. LAWRENCE, NUCKLES | 6.2 NAME | JEA | |
| STREET ADDRESS | 12151 SE 61ST CT | 6.3 STREET ADDRESS | 4-25 | |
| CITY-ST-ZIP | BELLEVIEW FL | 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

904-694 3471

**SIGNATURE:** Joseph H. Hannen Joseph H. Hannen 4-3-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

139.00
6.75
61.25

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