FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

800001831738
-05/21/96--01042--036
***61.25

DOCUMENT # 761518 (0)

1. Corporation Name

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

Principal Place of Business	Mailing Address
C/O JOHN F. MCGOFF. JR. P O BOX 2326 BELLEVIEW FL 34421	C/O JOHN F. MCGOFF. JR. P O BOX 2326 BELLEVIEW FL 34421

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-05/21/96--01042--036
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3. Date Incorporated or Qualified: 01/19/1982
3a. Date of Last Report: 04/25/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HANNEN, JOSEPH H
621 S.E. 39TH TERRACE
OCALA FL 34471

10. Name and Address of New Registered Agent

81 Name: JOHN F. MCGOFF JR
82 Street Address (P.O. Box Number is Not Acceptable): 12550 SE 54 AVE.
83
84 City: BELLEVIEW FL 85 Zip Code: 34420

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: John F McGoff JR. 4-26-96
Signature, type 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	DP	☑ DELETE	1.1 TITLE	PRESIDENT D	☑ Change ☐ Addition
NAME	FAIRHURST, JACK		1.2 NAME	ALAN MELLOR	
STREET ADDRESS	8709F 96TH ST.		1.3 STREET ADDRESS	5032 NW 18 ST.	
CITY-ST-ZIP	OCALA FL 34481		1.4 CITY-ST-ZIP	OCALA, FL. 34482	
TITLE	VD	☑ DELETE	2.1 TITLE	MEMBERSHIP V-PRES. T	☑ Change ☐ Addition
NAME	MCGOTT, JOHN		2.2 NAME	HUGH MCLEISH	
STREET ADDRESS	12550 S.E. 54TH AVE.		2.3 STREET ADDRESS	6104 MISOAK TERRACE	
CITY-ST-ZIP	BELLVIEW FL 34421		2.4 CITY-ST-ZIP	BEVERLY HILLS, FL. 32665	
TITLE	VD	☑ DELETE	3.1 TITLE	PROGRAM V-PRES. T	☑ Change ☐ Addition
NAME	MELLER, ALLEN		3.2 NAME	JOSEPH HANNEN	
STREET ADDRESS	5032 N.W. 18TH ST.		3.3 STREET ADDRESS	621 SE 39 TERRACE	
CITY-ST-ZIP	OCALA FL 34482		3.4 CITY-ST-ZIP	OCALA, FL. 34471	
TITLE	VDS	☑ DELETE	4.1 TITLE	MUSIC V-PRES T	☑ Change ☐ Addition
NAME	WELSH, TOM		4.2 NAME	ARMAND FORTIER	
STREET ADDRESS	10083 SW 182 CIRCLE		4.3 STREET ADDRESS	1063 NW 110 CT ST.	
CITY-ST-ZIP	DUNNELLON FL 34432		4.4 CITY-ST-ZIP	OCALA, FL. 34482	
TITLE	TTR	☑ DELETE	5.1 TITLE	LAWRENCE DUCKLES T	☑ Change ☐ Addition
NAME	HANNEN, JOSEPH H		5.2 NAME	SECRETARY	
STREET ADDRESS	621 S.E. 59TH TERRACE		5.3 STREET ADDRESS	12151 SE Col CT.	
CITY-ST-ZIP	OCALA FL 34471		5.4 CITY-ST-ZIP	BELLEVIEW, FL 34420	
TITLE	SD	☑ DELETE	6.1 TITLE	TREASURER T	☑ Change ☐ Addition
NAME	ST. LAWRENCE, NUCKLES		6.2 NAME	JOHN F. MCGOFF JR.	
STREET ADDRESS	12151 SE 61ST CT		6.3 STREET ADDRESS	12550 SE 54 AVE	
CITY-ST-ZIP	BELLEVIEW FL		6.4 CITY-ST-ZIP	BELLEVIEW, FL. 34420	

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John F McGoff JR. 4-26-96 352-245-9796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)