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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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

3. Date Incorporated or Qualified: 01/19/1982
3a. Date of Last Report: 05/20/1996

2. Principal Place of Business — 21: Suite, Apt. #, etc. — 22: City & State — 23: Zip — 24: Country — 25
2a. Mailing Address — 26: 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

MCGOFF, JR., JOHN F
12550 SE 54 AVE
BELLEVIEW FL 34420

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☑ DELETE	1.1 TITLE	PD ☐ Change ☑ Addition
NAME	MELLOR, ALAN		1.2 NAME	LAZARICK, THOMAS E.
STREET ADDRESS	5032 NW 18 ST		1.3 STREET ADDRESS	8900 SW 101 LN.
CITY-ST-ZIP	OCALA FL 34482		1.4 CITY-ST-ZIP	OCALA, FL. 34481-8947
TITLE	PVT	☑ DELETE	2.1 TITLE	PVT ☐ Change ☑ Addition
NAME	MCLEISH, HUGH		2.2 NAME	SHAERER, JOHN B.
STREET ADDRESS	6104 MISOAK TERRACE		2.3 STREET ADDRESS	8785-A SW 91 ST.
CITY-ST-ZIP	BEVERLY HILLS FL 32665		2.4 CITY-ST-ZIP	OCALA, FL. 34481-9546
TITLE	VPT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HANNEN, JOSEPH		3.2 NAME	
STREET ADDRESS	621 SE 39 TERRACE		3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34471		3.4 CITY-ST-ZIP	
TITLE	VPT	☑ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FORTIER, ARMAND		4.2 NAME	
STREET ADDRESS	1063 NW 110 CT ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34482		4.4 CITY-ST-ZIP	
TITLE	ST	☑ DELETE	5.1 TITLE	ST ☐ Change ☑ Addition
NAME	NUCKLES, LAWRENCE		5.2 NAME	WELCH, THOMAS E
STREET ADDRESS	12151 SE 61 CT		5.3 STREET ADDRESS	10053 SW 182 CIRCLE
CITY-ST-ZIP	BELLEVIEW FL 34420		5.4 CITY-ST-ZIP	DUNNELLON, FL. 34432-4459
TITLE	T	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MCGOFF, JR., JOHN F		6.2 NAME	
STREET ADDRESS	12550 SE 54 AVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW FL 34420		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 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 JOHN F MCGOFF JR 5/1/97 352-245-9796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0064911