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Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

3. Date Incorporated or Qualified: 01/19/1982

4. FEI Number: 93-0805344 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCGOFF, JR., JOHN F 12550 SE 54 AVE BELLEVIEW FL 34420	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	LAZARICK, THOMAS E		1.2 NAME	FORTIER ARMAND Y.	
STREET ADDRESS	8900 SW 101 LN		1.3 STREET ADDRESS	11350 NW 12th LN	
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP	OCALA, FL. 34482	
TITLE	PVT	☒ DELETE	2.1 TITLE	PVT	☐ Change ☒ Addition
NAME	SHAERER, JOHN B.		2.2 NAME	FAIRHURST, JACK A.	
STREET ADDRESS	8785-A SW 91 ST		2.3 STREET ADDRESS	8709F SW 90th ST.	
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP	OCALA, FL. 34481	
TITLE	VPT	☒ DELETE	3.1 TITLE	VPT	☐ Change ☒ Addition
NAME	HANNEN, JOSEPH		3.2 NAME	SPANG, JOHN T.	
STREET ADDRESS	621 SE 39 TERRACE		3.3 STREET ADDRESS	537 SE 19th ST.	
CITY-ST-ZIP	OCALA FL 34471		3.4 CITY-ST-ZIP	OCALA, FL. 34471	
TITLE	ST	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WELCH, THOMAS E		4.2 NAME		
STREET ADDRESS	10053 SW 182 CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON FL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCGOFF, JR., JOHN F		5.2 NAME		
STREET ADDRESS	12550 SE 54 AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEVIEW FL 34420		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: [signature] 4/25/98 352-245-9796