FILE NOW: FILING FEE IS $61.25

FILED
May 11, 1999 8:00 am
Secretary of State
05-11-1999 90036 045 ****61.25

0069517

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761518

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/19/1982
Suite, Apt. #, etc. 22 PO BOX 1991	Suite, Apt. #, etc. 27 PO BOX 1991	4. FEI Number 93-0805344 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	FORTIER, ARMAND Y		1.2 NAME	SPANG, JOHN T
STREET ADDRESS	11350 NW 12TH LANE		1.3 STREET ADDRESS	537 SE 19th ST.
CITY-ST-ZIP	OCALA FL 34482		1.4 CITY-ST-ZIP	OCALA, FL. 34471-5326
TITLE	PVT	☑ DELETE	2.1 TITLE	PVT ☐ Change ☑ Addition
NAME	FAIRHURST, JACK A		2.2 NAME	MELLOR, ALAN
STREET ADDRESS	8709-F SW 96TH STREET		2.3 STREET ADDRESS	5032 NW 18½ ST.
CITY-ST-ZIP	OCALA FL 34481		2. 4 CITY-ST-ZIP	OCALA, FL. 34482-8595
TITLE	VPD	☑ DELETE	3.1 TITLE	VPD ☐ Change ☑ Addition
NAME	SPANG, JOHN T		3.2 NAME	SAYEGH, JACQUES
STREET ADDRESS	537 SE 19TH ST		3.3 STREET ADDRESS	10851 SW 69 CIR.
CITY-ST-ZIP	OCALA FL 34471		3.4. CITY-ST-ZIP	OCALA, FL. 34476
TITLE	ST	☑ DELETE	4.1 TITLE	ST ☐ Change ☑ Addition
NAME	WELCH, THOMAS E		4. 2 NAME	NUCKLES SR., LAWRENCE
STREET ADDRESS	10053 SW 182 CIRCLE		4.3 STREET ADDRESS	12151 SE 61st CT.
CITY-ST-ZIP	DUNNELLON FL		4.4 CITY-ST-ZIP	BELLEVIEW, FL. 34420-5280
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 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 5/10/99 352-245-9796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #