2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90411 009 ****61.25

DOCUMENT # 761518

1. Entity Name
OCALA CHAPTER OF THE SOCIETY FOR THE PRESERVATION AND ENCOURAGEMENT OF BARBERSHOP QUARTET SINGIN

Principal Place of Business	Mailing Address
7171 SW STATE ROAD 200 P.O. BOX 1991 OCALA, FL 34474	C/O JOEL R SWANSON 5540 SW 61ST LANE OCALA, FL 34474

03252007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9330 SW 105th Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala FL	City & State
Zip: 34481 Country: USA	Zip Country

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SWANSON, JOEL 5540 SW 61ST LANE OCALA, FL 34474	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Joel R Swanson Joel R Swanson Treasurer 4-27-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CARUANA, ROB 8959-B SW 96TH LANE OCALA, FL 34481	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SWANSON, JOEL 5540 SW 61ST LANE OCALA, FL 34474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Hapgood, Phillip 9855 SW 203rd Circle Dunnellon FL 34431	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LAZARICK, THOMAS 8900SW 101ST LANE OCALA, FL 34481	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Francis James 7535 SW 100th Street Ocala FL 34476	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MUSELLA, PETER 9115 SW 102ND PLACE OCALA, FL 34481	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PETERSON, KARL 6201 SW 84TH PL OCALA, FL 34476	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Coleman, Warren 8275 SW 115th Place Ocala FL 34481	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MCBOFF, JOHN 6249-B SE 119TH PLACE BELLEVIEW, FL 34420	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hayes, Roland 2028 NE 49th Ave #145 Ocala FL 34470	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joel R Swanson Joel R Swanson 4-27-07 352-237-8076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #