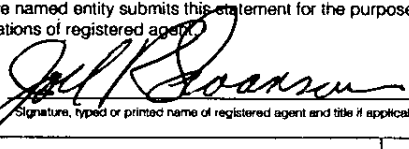
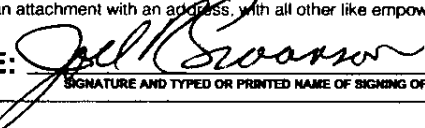


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 7171 SW STATE ROAD 200 P.O. BOX 1991 OCALA, FL 34474			Mailing Address C/O JOEL R SWANSON 5540 SW 61ST LANE OCALA, FL 34474		
2. Principal Place of Business - No P.O. Box # 9330 SW 105th Street		3. Mailing Address Suite, Apt. #, etc.			
City & State Ocala FL		City & State Suite, Apt. #, etc.			
Zip 34481		Country USA		4. FEI Number 93-0805344	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SWANSON, JOEL 5540 SW 61ST LANE OCALA, FL 34474			7. Name and Address of New Registered Agent 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 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	T SWANSON, JOEL 5540 SW 61ST LANE OCALA, FL 34474	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LAZARICK, THOMAS 8900SW 101ST LANE OCALA, FL 34481	☒ Delete			
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	VP PETERSON, KARL 6201 SW 84TH PL OCALA, FL 34476	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCOFF, JOHN 6249-B SE 119TH PLACE BELLEVUE, FL 34420	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hapgood, Phillip 9855 SW 203rd Circle Dunnellon FL 34431	☐ Change ☒ Addition			
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	VPD Coleman, Warren 8275 SW 115th Place Ocala FL 34481	☐ Change ☒ Addition			
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 4-27-07 352-237-8076 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					