

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761518

FILED
Apr 17, 2009
Secretary of State

Entity Name: OCALA CHAPTER OF THE SOCIETY FOR THE PRESERVATION AND ENCOURAGEMENT OF
BARBERSHOP QUARTET SINGING IN AMERICA, INC.

Current Principal Place of Business:

9330 S.W. 105TH STREET
OCALA, FL 34481

New Principal Place of Business:

Current Mailing Address:

C/O JOEL R SWANSON
4813 SW 63RD ST.
OCALA, FL 344744781

New Mailing Address:

C/O PHIL HAPGOOD
9855 SW 203 CIRCLE
DUNNELLON, FL 34431

FEI Number: 93-0805344

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWANSON, JOEL
4813 SW 83RD ST.
OCALA, FL 344744781 US

Name and Address of New Registered Agent:

HAPGOOD, PHIL
9855 SW 203 CIRCLE
DUNNELLON, FL 34431 US

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.

SIGNATURE: PHIL HAPGOOD

04/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARUANA, ROB
Address: 8959-B SW 96TH LANE
City-St-Zip: OCALA, FL 34481

Title: T () Delete
Name: SWANSON, JOEL
Address: 4813 SW 63RD ST.
City-St-Zip: OCALA, FL 344744781

Title: S () Delete
Name: HAPGOOD, PHILLIP
Address: 9855 SW 203RD CIRCLE
City-St-Zip: DUNNELLON, FL 34431

Title: VD () Delete
Name: MUSELLA, PETER
Address: 9115 SW 102ND PLACE
City-St-Zip: OCALA, FL 34481

Title: P () Delete
Name: COLEMAN, NARREN
Address: 8275 SW 115TH PLACE
City-St-Zip: OCALA, FL 34481

Title: D () Delete
Name: HAYES, ROLAND
Address: 2028 NE 49TH AVE #145
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: COLEMAN, WARREN
Address: 8275 SW 115TH PLACE
City-St-Zip: OCALA, FL 34481

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: HAPGOOD, PHIL
Address: 9855 SW 203RD CIRCLE
City-St-Zip: DUNNELLON, FL 34431

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: CARUANA, ROB
Address: 8959-B SW 98TH LANE
City-St-Zip: OCALA, FL 34481

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHIL HAPGOOD

SEC

04/17/2009

Electronic Signature of Signing Officer or Director

Date