

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H08171

FILED  
Feb 15, 2005  
Secretary of State

Entity Name: OCALA HOUSING CORP.

## Current Principal Place of Business:

2801 SW ARCHER ROAD  
GAINESVILLE, FL 326081025

## New Principal Place of Business:

2801 SW ARCHER ROAD  
GAINESVILLE, FL 32608

## Current Mailing Address:

2801 SW ARCHER ROAD  
GAINESVILLE, FL 326081025

## New Mailing Address:

2801 SW ARCHER ROAD  
GAINESVILLE, FL 32608

FEI Number: 59-2417872

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EMMER, PHILIP I.  
2801 S.W. ARCHER ROAD  
GAINESVILLE, FL 32608 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: EMMER, PHILIP I  
Address: 2736 NW 22ND DR  
City-St-Zip: GAINESVILLE, FL

Title: D ( ) Delete  
Name: EMMER, BARBARA L  
Address: 2736 NW 22ND DR  
City-St-Zip: GAINESVILLE, FL

Title: PD ( ) Delete  
Name: MCGRIFF, LORI E  
Address: 2801 SW ARCHER ROAD  
City-St-Zip: GAINESVILLE, FL

Title: T ( ) Delete  
Name: SNOOK, ORIANNA J  
Address: 2801 SW ARCHER RD  
City-St-Zip: GAINESVILLE, FL 32608

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition  
Name: EMMER, PHILIP I  
Address: 2736 NW 22ND DR  
City-St-Zip: GAINESVILLE, FL 32608

Title: D (X) Change ( ) Addition  
Name: EMMER, BARBARA L  
Address: 2736 NW 22ND DR  
City-St-Zip: GAINESVILLE, FL 32608

Title: PD (X) Change ( ) Addition  
Name: MCGRIFF, LORI E  
Address: 2801 SW ARCHER ROAD  
City-St-Zip: GAINESVILLE, FL 32608

Title: T/S (X) Change ( ) Addition  
Name: SNOOK, ORIANNA J  
Address: 2801 SW ARCHER RD  
City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ORIANNA J. SNOOK

T/S

02/15/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date