

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H08171

FILED  
Feb 22, 2006  
Secretary of State

Entity Name: OCALA HOUSING CORP.

**Current Principal Place of Business:**

2801 SW ARCHER ROAD  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

2801 SW ARCHER ROAD  
GAINESVILLE, FL 32608

**New Mailing Address:**

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:**

MCGRIFF, LORI E  
2801 S.W. ARCHER ROAD  
GAINESVILLE, FL 32608    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: LORI E MCGRIFF      02/22/2006  
\_\_\_\_\_  
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 32608

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

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

Title: T/S      ( ) 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: 2801 SW ARCHER ROAD  
City-St-Zip: GAINESVILLE, FL 32608

Title: D      (X) Change ( ) Addition  
Name: EMMER, BARBARA L  
Address: 2801 SW ARCHER ROAD  
City-St-Zip: GAINESVILLE, FL 32608

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI E MCGRIFF      PD      02/22/2006  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date