


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2004 8:00 am**  
**Secretary of State**

02-13-2004 90003 024 \*\*\*\*70.00

|   |   |                                 |   |   |  |
|---|---|---------------------------------|---|---|--|
| <b>DOCUMENT # N00000003717</b><br>1. Entity Name<br><b>OCALA HIGH SCHOOL ALUMNI FOUNDATION, INC.</b>  |   |                                 |   |                                  |  |
| Principal Place of Business<br><b>518 SE 39TH TERRACE<br/>OCALA, FL 34471</b>   |   |                                 | Mailing Address<br><b>P.O. BOX 1843<br/>SILVER SPRINGS, FL 34489-1843</b> |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                                 |   |  |
| City & State  |   |                                 | City & State  |   |  |
| Zip   |   | Country                         |   | 4. FEI Number<br><b>59-3675189</b>  |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  |   |                                 |   | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><b>OWEN, WILLIAM L JR.<br/>518 SE 39TH TERRACE<br/>OCALA, FL 34471</b>   |   |                                 |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.   |   |                                 |   | \$8.75 Additional Fee Required  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing)   |   |                                 |   |   |  |
| Filing Fee is \$61.25 Due by May 1, 2004  |   |                                 |   |   |  |
| 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees   |   |                                 |   |   |  |
| Make check payable to Florida Department of State   |   |                                 |   |   |  |
| 10. OFFICERS AND DIRECTORS  |   |                                 |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>OWEN, WILLIAM L JR.<br>518 SE 36 TERR<br>OCALA, FL 34471                     | <input type="checkbox"/> Delete |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TP<br>MOODY, RA<br>804 NW 34 AVE<br>GAINESVILLE, FL 32609                         | <input type="checkbox"/> Delete |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TS<br>ROGERS, ANN BOHLER<br>4411 SE 13TH STREET<br>OCALA, FL 34471                | <input type="checkbox"/> Delete |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TVP<br>CULBRETH, HENRY<br>2201 4TH ST NORTH SUITE G<br>SAINT PETERSBURG, FL 33704 | <input type="checkbox"/> Delete |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>FERGUSON, MALCOLM M<br>10143 NW HWY 326<br>OCALA, FL 34482                   | <input type="checkbox"/> Delete |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TT<br>NEWHOUSE BISHOP, PAT<br>1216 NE 17TH TERR<br>OCALA, FL 34470                | <input type="checkbox"/> Delete |   |   |  |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |                                 |   |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |                                 |   |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |                                 |   |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |                                 |   |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |                                 |   |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |                                 |   |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |                                 |   |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>PAT Newhouse Bishop</i>   |   |                                 |   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |                                 |   |   |  |
| PAT NEWHOUSE BISHOP   |   |                                 |   |   |  |
| Date: 2/9/04  |   |                                 |   |   |  |
| Daytime Phone #: 353-629-3544   |   |                                 |   |   |  |