2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

03-29-2005 90009 025 ****61.25
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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1st MOORE CR2E037 (10/04)

DOCUMENT # N00000003717

1. Entity Name

OCALA HIGH SCHOOL ALUMNI FOUNDATION, INC.

Principal Place of Business	Mailing Address
518 SE 39TH TERRACE OCALA FL 34471	P.O. BOX 1843 SILVER SPRINGS FL 34489-1843

2. Principal Place of Business	3. Mailing Address
180 HICKORY ROAD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCALA, FL 34472-4019	City & State
Zip / Country: MARION	Zip / Country

4. FEI Number: 59-3675189 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OWEN, WILLIAM L JR. 518 SE 39TH TERRACE OCALA FL 34471	Name: LUTHER DEESE Street Address (P.O. Box Number is Not Acceptable): 180 HICKORY ROAD City: OCALA FL Zip Code: 34472-4019

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: Luther Deese 3/19/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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	T OWEN, WILLIAM L JR. 518 SE 36 TERR OCALA FL 34471	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P - PRESIDENT LUTHER DEESE 180 HICKORY ROAD OCALA, FL 34472-4019	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TP MOODY, RA 804 NW 34 AVE GAINESVILLE FL 32609	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D - DIRECTOR HENRY CULBRETH 2201 4th ST. NORTH SUITE G ST. PETERSBURG, FL 33704	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS ROGERS, ANN BOHLER 4411 SE 13TH STREET OCALA FL 34471	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S - SECRETARY ANN BOHLER-ROGERS 4411 S.E. 13th ST OCALA, FL 34471	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TVP CULBRETH, HENRY 2201 4TH ST NORTH SUITE G SAINT PETERSBURG FL 33704	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T - TREASURER PAT NEWHOUSE BISHOP 1216 NE 17th TERR OCALA, FL 34470	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FERGUSON, MALCOLM M 10143 NW HWY 326 OCALA FL 34482	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D - DIRECTOR BETTY V. LARSON 500 S.E. 107th PLACE ~~OCALA~~, BELLEVIEW, FL 34420	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TT NEWHOUSE BISHOP, PAT 1216 NE 17TH TERR OCALA FL 34470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D - DIRECTOR BILL OWEN, JR 518 SE 36th TERR OCALA, FL 34471	☑ Change ☐ 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: Pat Bishop PAT M. BISHOP 9/18/05 352-629-3544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #