

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90024 034 \*\*\*\*61.25

**DOCUMENT # N00000003717**

1. Entity Name

OCALA HIGH SCHOOL ALUMNI FOUNDATION, INC.



Principal Place of Business

180 HICKORY ROAD  
OCALA FL 34472-4019

Mailing Address

P.O. BOX 1843  
SILVER SPRINGS FL 34489-1843

2. Principal Place of Business

180 HICKORY ROAD

3. Mailing Address

Suite, Apt. #, etc.

City & State

OCALA, FL 34472-4019

City & State

Zip

Country

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

DEESE, LUTHER  
180 HICKORY ROAD  
OCALA FL 34472

7. Name and Address of New Registered Agent

Name

LUTHER DEESE

Street Address (P.O. Box Number is Not Acceptable)

180 HICKORY ROAD

City

OCALA

FL

Zip Code 34472

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*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/28/2006

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

TITLE P ☐ Delete  
NAME DEESE, LUTHER  
STREET ADDRESS 180 HICKORY ROAD  
CITY-ST-ZIP Ocala FL 34472-4019

TITLE DP ☐ Delete  
NAME CULBRETH, HENRY  
STREET ADDRESS 2201 4TH STREET NORTH, STE G  
CITY-ST-ZIP ST PETERSBURG FL 33704

TITLE SS ☐ Delete  
NAME ROGERS, ANN BOHLER  
STREET ADDRESS 4411 SE 13TH STREET  
CITY-ST-ZIP Ocala FL 34471

TITLE T ☐ Delete  
NAME BISHOP, PAT NEWHOUSE  
STREET ADDRESS 1216 N.E. 14TH TERRACE  
CITY-ST-ZIP Ocala FL 34470

TITLE D ☐ Delete  
NAME LARSON, BETTY V  
STREET ADDRESS 5008 S.E. 107TH PLACE  
CITY-ST-ZIP BELLEVUE FL 34420

TITLE D ☐ Delete  
NAME OWEN, BILL JR.  
STREET ADDRESS 518 S.E. 36TH TERRACE  
CITY-ST-ZIP Ocala FL 34471

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Patricia N. Bishop* PATRICIA N. BISHOP

2/27/06 352-629-3544