

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**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**



01112007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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 H. Deese, Jr.*  
Signature, typed or printed name of registered agent and is not applicable.

*Luther H. Deese, Jr.*  
(NOTE: Registered Agent signature required when reinstating)

*01-18-2007*  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEESE, LUTHER 180 HICKORY ROAD OCALA, FL 344724019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CULBRETH, HENRY 2201 4TH STREET NORTH, STE G ST PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SS ROGERS, ANN BOHLER 4411 SE 13TH STREET OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BISHOP, PAT NEWHOUSE 1216 N.E. 14TH TERRACE OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSON, BETTY V 5008 S.E. 107TH PLACE BELLEVIEW, FL 34420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWEN, BILL JR. 518 S.E. 36TH TERRACE OCALA, FL 34471

U00000596444  
01/23/07-80079-016 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*1/16/07*  
*629-3544*  
(332)