

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)

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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

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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.* *Luther H. Deese, Jr.* 01-18-2007

Signature, typed or printed name of registered agent and issuer applicable. (NOTE: Registered Agent signature required when reinstating) 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 |

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 01/23/07-80079-016 61.25

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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 1/16/07 629-3544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

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