

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2008 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

DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3675189	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

U000000785004
01/16/08-80077-017 61.25

10. OFFICERS AND DIRECTORS

TITLE P
NAME DEESE, LUTHER
STREET ADDRESS 180 HICKORY ROAD
CITY-ST-ZIP Ocala, FL 344724019

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

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

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

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

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

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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: *Pat Newhouse Bishop*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 9 '2008 *335-629-3544*
Date Daytime Phone #

PAT NEWHOUSE BISHOP