

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003717

FILED
Jan 08, 2009
Secretary of State

Entity Name: OCALA HIGH SCHOOL ALUMNI FOUNDATION, INC.

Current Principal Place of Business:

180 HICKORY ROAD
OCALA, FL 344724019

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1843
SILVER SPRINGS, FL 344891843

New Mailing Address:

FEI Number: 59-3675189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEESE, LUTHER
180 HICKORY ROAD
OCALA, FL 34472 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEESE, LUTHER
Address: 180 HICKORY ROAD
City-St-Zip: OCALA, FL 344724019

Title: DP () Delete
Name: CULBRETH, HENRY
Address: 2201 4TH STREET NORTH, STE G
City-St-Zip: ST PETERSBURG, FL 33704

Title: SS () Delete
Name: ROGERS, ANN BOHLER
Address: 4411 SE 13TH STREET
City-St-Zip: OCALA, FL 34471

Title: T () Delete
Name: BISHOP, PAT NEWHOUSE
Address: 1216 N.E. 14TH TERRACE
City-St-Zip: OCALA, FL 34470

Title: D () Delete
Name: LARSON, BETTY V
Address: 5008 S.E. 107TH PLACE
City-St-Zip: BELLEVIEW, FL 34420

Title: D () Delete
Name: OWEN, BILL JR.
Address: 518 S.E. 36TH TERRACE
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: OWEN, BILL JR.
Address: 626 N.E. 45TH COURT
City-St-Zip: OCALA, FL 34470

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA N. BISHOP

TREA

01/08/2009

Electronic Signature of Signing Officer or Director

Date