

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2003 8:00 am**  
**Secretary of State**

04-08-2003 90102 040 \*\*\*\*61.25

**DOCUMENT # N00000003717**

1. Entity Name

**OCALA HIGH SCHOOL ALUMNI FOUNDATION, INC.**



Principal Place of Business

**518 SE 39TH TERRACE  
OCALA FL 34471**

Mailing Address

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

**55041179**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

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

7. Name and Address of New Registered Agent

**OWEN, WILLIAM L JR.**

**518 SE 39TH TERRACE**

**OCALA FL 34471**

Name

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

City

**FL**

Zip Code

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

*William L Owen Jr*

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

(NOTE: Registered Agent signature required when reinstating)

**3/26/03**

DATE

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **OWEN, WILLIAM L JR.**  
STREET ADDRESS **518 SE 38 TERR**  
CITY-ST-ZIP **OCALA FL 34471**

TITLE ☒ Change ☐ Addition  
NAME **RA MOODY**  
STREET ADDRESS **804 NW 34th Ave**  
CITY-ST-ZIP **GAINESVILLE FL 32609**

TITLE ☐ Delete  
NAME **MOODY, RA**  
STREET ADDRESS **804 NW 34 AVE**  
CITY-ST-ZIP **GAINESVILLE FL 32609**

TITLE ☒ Change ☐ Addition  
NAME **HENRY CULBRETH**  
STREET ADDRESS **2201 4th St North Suite G**  
CITY-ST-ZIP **St Petersburg, FL 33704**

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

TITLE ☒ Change ☐ Addition  
NAME **ROGERS, ANN BOHLER**  
STREET ADDRESS **4411 SE 13th St**  
CITY-ST-ZIP **OCALA, FL 34471**

TITLE ☒ Delete  
NAME **PATTERSON, KAY**  
STREET ADDRESS **3338 SE 2 ST**  
CITY-ST-ZIP **OCALA FL 34471**

TITLE ☒ Change ☐ Addition  
NAME **PAT Newhouse Bishop**  
STREET ADDRESS **1216 NE 17th Terr**  
CITY-ST-ZIP **OCALA, FL 34470**

TITLE ☐ Delete  
NAME **FERGUSON, MALCOLM M**  
STREET ADDRESS **10143 NW HWY 326**  
CITY-ST-ZIP **OCALA FL 34482**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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 exemption stated in Section 119.07(3)(i), 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: *Ra Sign Moody* **RECAR MOODY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/26/03** **352-378-4740**  
Date Daytime Phone #

CP2E037 (10/02)