

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00038

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

**Entity Name:** OCALA CHAPTER 812, E.A.A., INC.

**Current Principal Place of Business:**

5303 SE 35 COURT  
OCALA, FL 34480 US

**New Principal Place of Business:**

**Current Mailing Address:**

5303 SE 35 COURT  
OCALA, FL 34480 US

**New Mailing Address:**

**FEI Number:** 59-3363746

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALBRUN, JERRY PRES.  
8520 SE 72ND AV  
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: D  
Name: KRAL, GERARD  
Address: 8860 SE 72 AVE  
City-St-Zip: OCALA, FL 34472

Title: VP  
Name: FIELDHOUSE, WAYNE VP  
Address: 8750 SOUTHEAST 70 TERRACE  
City-St-Zip: OCALA, FL 34472

Title: S  
Name: EKBERG, SCOTT H TREAS  
Address: 5303 SE 35 COURT  
City-St-Zip: OCALA, FL 34480

Title: S  
Name: SENG, THOMAS  
Address: 9140 SE 70 TERRACE  
City-St-Zip: OCALA, FL 34472

Title: PRES  
Name: WALBRUN, JERRY  
Address: 8520 SE 71 AVE  
City-St-Zip: OCALA, FL 34472

Title: D  
Name: SCHOELER, GEORGE  
Address: 8930 SE 72ND AV  
City-St-Zip: OCALA, FL 34472

I hereby 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 all other like empowered.

SIGNATURE: SCOTT H. EKBERG

TREA

01/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date