

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005761

FILED
Mar 18, 2009
Secretary of State

Entity Name: OCALA BUSINESS LEADERS, INC.

Current Principal Place of Business:

PO BOX 1363
SILVER SPRINGS, FL 34489

New Principal Place of Business:

307 NE 36TH AVENUE
OCALA, FL 34470

Current Mailing Address:

PO BOX 1363
SILVER SPRINGS, FL 34489

New Mailing Address:

FEI Number: 59-3750132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUNNINGHAM, MERI-LEA
307 NE 36TH AVE
STE # 1
OCALA, FL 34470 US

Name and Address of New Registered Agent:

SMALLWOOD, LYNN OBL
307 NE 36TH AVENUE
STE # 1
OCALA, FL 34470 US

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: LYNN SMALLWOOD

03/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SINGLETON, LESTER
Address: 18120SE 59TH ST
City-St-Zip: MICANOPY, FL 32667

Title: T () Delete
Name: CUNNINGHAM, MERI-LEA
Address: 307 NE 36TH AVE, STE 1
City-St-Zip: OCALA, FL 34470

Title: D () Delete
Name: SIMPSON, CHARLES
Address: 1007 SW 1ST AVE
City-St-Zip: OCALA, FL 34474

Title: D () Delete
Name: JONES, CLINT
Address: 2201 SW COLLEGE RD., #1
City-St-Zip: OCALA, FL 34474

Title: D () Delete
Name: LINER, DAVID
Address: 3330 SE 58TH AVE.
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHRISTENSEN, TINA
Address: 11 PECAN COURSE TRAIL
City-St-Zip: OCALA, FL 34472

Title: T (X) Change () Addition
Name: SMALLWOOD, LYNN OBL
Address: 307 NE 36TH AVE, STE 1
City-St-Zip: OCALA, FL 34470

Title: D (X) Change () Addition
Name: RANGES, CATHY
Address: 3133 SW 32ND AVENUE
City-St-Zip: OCALA, FL 34474

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

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

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: LYNN SMALLWOOD

TREA

03/18/2009

Electronic Signature of Signing Officer or Director

Date