2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2005
Secretary of State

DOCUMENT# N01000006732

Entity Name: OCALA ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS, INC.

Current Principal Place of Business:

2133 SE FT KING ST
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

2133 SE FT KING ST
OCALA, FL 34471

New Mailing Address:

FEI Number: 59-3758837 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIDGETT, DAVID E
1521 SE 36TH AVE
OCALA, FL 34471 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: PD ( ) Delete
Name: GRUBBS, TERESA
Address: 837 NE 25TH AVE
City-St-Zip: OCALA, FL 34470

Title: P ( ) Delete
Name: SPINELLI, JOSEPH J JR
Address: 4210 SW 4TH AVE
City-St-Zip: OCALA, FL 34474

Title: V ( ) Delete
Name: ORLANDO, VINCENT
Address: 2935 SE 58TH AVE
City-St-Zip: OCALA, FL 34472

Title: SD ( ) Delete
Name: KESTENBAUM, PAUL
Address: 2133 SE FT. KING ST
City-St-Zip: OCALA, FL 34471

Title: TD ( ) Delete
Name: HENRY, BARBARA
Address: 2133 SE FT. KING ST
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete
Name: TERRELL, RAYMOND
Address: 2156 S 5 BLVD
City-St-Zip: OCALA, FL 34478

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BARBARA HENRY TD 01/03/2005

Electronic Signature of Signing Officer or Director — Date