2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006732

FILED Jan 29, 2007 Secretary of State

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

	Current Principal Place of Business:			New Principal Place of Business:	
2935 SE 58 STE #2 OCALA, FI					
Current Mailing Address:			New Maili	New Mailing Address:	
POB 8302 [.] DCALA, FI					
El Number:	59-3758837	FEI Number Applied For()	FEI Number Not Appl	licable () Certificate of Status Desired ()	
Name and	Address of	f Current Registered Agent:	Name and	Address of New Registered Agent:	
MIDGETT, 1521 SE 36 OCALA, FI	STH AVE	US			
	named entit e of Florida.	y submits this statement for the pu	ırpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR					
	Electr	onic Signature of Registered Ager	nt	Date	
OFFICERS	S AND DIRE	ECTORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Fitle: Name: Address: City-St-Zip:	PD SPINELLI, JI 4211 SE 4TH OCALA, FL	H AVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Fitle: Name: Address: Dity-St-Zip:	P ORLANDO, \ 2935 SE 581 OCALA, FL	TH AVE #2	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Fitle: Name: Address: City-St-Zip:	V SHIELDS, JO 206 SE 10TH OCALA, FL	H ST, #101	Title: Name: Address: City-St-Zip:	V (X) Change () Addition KENNEDY, HEATHER 206 SE 10TH ST, #101 OCALA, FL 344772966	
Fitle: Name: Address: City-St-Zip:	SD FERNANDEZ 2133 SE FT OCALA, FL	KING ST	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Γitle: Name:	INTIHAR, ME 2133 SE FT	KING ST	Title: Name: Address: City-St-Zip:	TD (X) Change () Addition INTIHAR, MERANDA 2935 SE 58TH AVE STE#2 OCALA, FL 34471	
Address: City-St-Zip:	OCALA, FL				

I hereby certify that the information supplied with this filing does not qualify for the 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: MERANDA INTIHAR TD 01/29/2007