

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90034 013 ****61.25

DOCUMENT # N02000002853

1. Entity Name

THE OAK RUN VETERANS ASSOCIATION, INC.



Principal Place of Business

10874 SW 87TH TERRACE
OCALA FL 34481

Mailing Address

10874 SW 87TH TERRACE
OCALA FL 34481

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

01-0670614

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERR, RICHARD
10874 SW 87TH TERR
OCALA FL 34481

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ZINCK, RICHARD	
STREET ADDRESS	7935 SW 115TH LOOP	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HERR, RICHARD L	
STREET ADDRESS	10874 SW 87TH TERR	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WHEELING, LYNN	
STREET ADDRESS	8556 SW 109TH LANE RD	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCBRIDE, RAYMOND	
STREET ADDRESS	8583 SW 109TH LANE RD.	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARTMAN, ALBERT	
STREET ADDRESS	6334 SW 117TH LOOP	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RIKER, ANDREW	
STREET ADDRESS	11421 SW 85TH COURT	
CITY-ST-ZIP	OCALA FL 34481	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wheeling, Lynn	
STREET ADDRESS	8556 SW 109th Lane	
CITY-ST-ZIP	Ocala, FL 34481	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McBride, Raymond	
STREET ADDRESS	8563 SW 109th Lane	
CITY-ST-ZIP	Ocala, FL 34481	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zinck, Richard	
STREET ADDRESS	7935 SW 115th Loop	
CITY-ST-ZIP	Ocala, FL 34476	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cromwell, Benjamin G.	
STREET ADDRESS	8462 SW 109th Place	
CITY-ST-ZIP	Ocala, FL 34481	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gerev, William	
STREET ADDRESS	8041 SW 109th Place Rd.	
CITY-ST-ZIP	Ocala, FL 34481	

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:

Richard A. Herr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-19-05

Date

352-854-2059

Daytime Phone #