

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000005810

1. Entity Name
OCALA WEST DETACHMENT 1072 M.C.L., INC.



Principal Place of Business
POST OFFICE BOX 76092
OCALA, FL 34481

Mailing Address
POST OFFICE BOX 76092
OCALA, FL 34481

DO NOT WRITE IN THIS SPACE



01072005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3681319

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HENAGHAN, ROBERT I
10439 S.W. 75TH TERRACE
OCALA, FL 34476

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1-7-05

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
MCCARTHY, JAMES
8771 SW 116TH LANE ROAD
OCALA, FL 34481

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
KRECZMER, EDWARD J
5320 SW 87TH PLACE
OCALA, FL 34476

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
HENAGHAN, ROBERT I
10439 S.W. 75TH TERRACE
OCALA, FL 34476

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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CITY - ST - ZIP

U00000176488
01/10/05-80093-008 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT L. HENAGHAN 1-7-05 352-29-0633