

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90014 011 ****61.25

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		
2. Principal Place of Business P.O. Box 773625 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 773625 Suite, Apt. #, etc.			
City & State OCALA, FL		City & State OCALA, FL		4. FEI Number 59-3681319	
Zip 34477		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENAGHAN, ROBERT I 10439 S.W. 75TH TERRACE OCALA, FL 34476			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KREZMER, EDWARD J 5320 SW 87TH PLACE OCALA, FL 34476		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KREZMER, EDWARD J. 8171 S.W. 80TH TERRACE 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: ROBERT L. HENAGHAN - Robert L. Henaghan					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 352-291-0633 Daytime Phone #	