

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (2R)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90047 028 ****61.25

DOCUMENT # N02000005810

1. Entity Name

OCALA WEST DETACHMENT 1072 M.C.L., INC.



Principal Place of Business

Mailing Address

POST OFFICE BOX 773625
OCALA FL 34477

POST OFFICE BOX 773625
OCALA FL 34477

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

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

Name HAYMAN, CHARLES L.

Street Address (P.O. Box Number is Not Acceptable)

15768 S.W. 14th AVENUE ROAD

City OCALA,

FL

Zip Code
34473

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

Charles L. Hayman

Charles L. Hayman

2/6/07

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, 2007

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	T	<input type="checkbox"/> Delete
NAME	MCCARTHY, JAMES	
STREET ADDRESS	8771 SW 116TH LANE ROAD	
CITY- ST- ZIP	OCALA FL 34481	
TITLE	T	<input type="checkbox"/> Delete
NAME	KRECZMER, EDWARD J	
STREET ADDRESS	81715 S.W. 80TH TERRACE	
CITY- ST- ZIP	OCALA FL 34476	
TITLE	T	<input type="checkbox"/> Delete
NAME	HENAGHAN, ROBERT I	
STREET ADDRESS	10439 S.W. 75TH TERRACE	
CITY- ST- ZIP	OCALA FL 34476	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 I. Henaghan

2-7-07

352-291-0633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #