

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005810

FILED  
Apr 07, 2009  
Secretary of State

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

**Current Principal Place of Business:**

POST OFFICE BOX 773625  
OCALA, FL 34477

**New Principal Place of Business:**

9048 SW HWY 200  
OCALA, FL 34476

**Current Mailing Address:**

POST OFFICE BOX 773625  
OCALA, FL 34477

**New Mailing Address:**

FEI Number: 59-3681319

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOWATINECK, FRED J  
10320 SW 129TH TERRACE ROAD634432  
OCALA, FL 34473 US

**Name and Address of New Registered Agent:**

HOWATINECK, FRED J  
10320 SW 129TH TERRACE ROAD34432  
DUNNELLON, FL 34432 US

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.

SIGNATURE:

04/07/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: HAYMAN, CHARLES L  
Address: 15768 SW 14TH AVENUE ROAD  
City-St-Zip: OCALA, FL 34473

Title: T ( ) Delete  
Name: KRECZMER, EDWARD J  
Address: 8171 SW 80TH TERRACE  
City-St-Zip: OCALA, FL 34476

Title: T ( ) Delete  
Name: HENAGHAN, ROBERT I  
Address: 10439 S.W 75TH TERRACE  
City-St-Zip: OCALA, FL 34476

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: HARRIS, STEPHEN J  
Address: 4941 SW 109TH LOOP  
City-St-Zip: OCALA, FL 34476

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: FRED HOWATINECK

MR.

04/07/2009

Electronic Signature of Signing Officer or Director

Date