

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000001257

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** OCALA SOAP BOX DERBY, INC.

**Current Principal Place of Business:**

303 SE 17TH STREET  
SUITE 207  
OCALA, FL 34471

**New Principal Place of Business:**

674 SILVER ROAD  
OCALA, FL 34472

**Current Mailing Address:**

303 SE 17TH STREET  
SUITE 207  
OCALA, FL 34471

**New Mailing Address:**

674 SILVER ROAD  
OCALA, FL 34472

**FEI Number:** 83-0461664

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CUMMINGS, ALAN  
574 SILVER COURSE LOOP  
OCALA, FL 34472 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** VP  
**Name:** LYON, TOM  
**Address:** 14 SAPPHIRE ROAD  
**City-St-Zip:** OCALA, FL 34472

**Title:** P  
**Name:** CUMMINGS, ALAN  
**Address:** 574 SILVER COURSE LOOP  
**City-St-Zip:** OCALA, FL 34472

**Title:** T  
**Name:** LIMEBERRY, RALPH  
**Address:** 4460 SE 57TH LANE  
**City-St-Zip:** OCALA, FL 34480

I hereby 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 all other like empowered.

**SIGNATURE:** ALAN CUMMINGS

P

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date