

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25600

FILED
Apr 14, 2009
Secretary of State

Entity Name: OCALA HEXAPORT, INC.

Current Principal Place of Business:

2000 SW 60TH AVENUE
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6908
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 59-2933946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROW, CHESTER J.
125 NORTHEAST FIRST AVENUE, SUITE 2
OCALA, FL 32670 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: STD () Delete
Name: POWELL, STEVEN T
Address: 4986 SW 7 AVE RD
City-St-Zip: OCALA, FL 34474

Title: D () Delete
Name: VILLELLA, THOMAS L
Address: 1203 SW ST STE 7
City-St-Zip: OCALA, FL 34474

Title: D () Delete
Name: HALL, LANE
Address: 10755 N.E. 41ST TERRACE
City-St-Zip: ANTHONY, FL 32617

Title: STD () Delete
Name: VANVOORHEES, R.C.
Address: 8520 NW 63RD ST
City-St-Zip: OCALA, FL

Title: D () Delete
Name: ADAMS, DANIEL P
Address: 2251 S.W. 90TH STREET
City-St-Zip: OCALA, FL 34480

Title: PD () Delete
Name: DEATON, JOHN S
Address: 2130 SW 37TH ST RD
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: STEVEN T. POWELL

SEC.

04/14/2009

Electronic Signature of Signing Officer or Director

Date