SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N28266** **(7)**

1. Corporation Name

THE GREATER OCALA ADVERTISING FEDERATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 24 AM 8:25

Principal Place of Business	Mailing Address
P.O. BOX 2961 OCALA FL 32678	P.O. BOX 2961 OCALA FL 32678

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/09/1988
3a. Date of Last Report: 07/26/1994
4. FEI Number: 59-2970031 — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WALKER, GRACE
7 E. SILVER SPGS. BLVD.
OCALA FL 34474

10. Name and Address of New Registered Agent

81 Name: Clayton E. Brinker
82 Street Address (P.O. Box Number is Not Acceptable): 1551 SW 37 Ave
83
84 City: Ocala FL 85 Zip Code: 34476

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Clayton E Brinker — 7-20-95
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS	
TITLE	X S
NAME	WALKER, GRACE
STREET ADDRESS	7 E. SILVER SPGS. BLVD.
CITY-ST-ZIP	OCALA FL
TITLE	X D
NAME	SIMPSON, SKIP
STREET ADDRESS	1551 SW 37TH AVE.
CITY-ST-ZIP	OCALA FL
TITLE	X D
NAME	JONES, DEBBIE
STREET ADDRESS	731 SW 37TH AVE.
CITY-ST-ZIP	OCALA FL
TITLE	D/T
NAME	LESOCKY, FRANIE
STREET ADDRESS	9740 SE 58TH AVE./A
CITY-ST-ZIP	BELLVIEW FL
TITLE	SD
NAME	CULBERTSON, VIVIAN
STREET ADDRESS	RT 2 BOX 250
CITY-ST-ZIP	MORRISTON FL
TITLE	D
NAME	KRUSE, VALARIE
STREET ADDRESS	2145 NE 2ND ST.
CITY-ST-ZIP	OCALA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	P	☐ Change ☐ Addition
12 NAME	Clayton E Brinker	
13 STREET ADDRESS	1551 SW 37 Ave	
14 CITY-ST-ZIP	Ocala, Fl 34476	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	D	☒ Change ☐ Addition
52 NAME	Jane Mansfield	
53 STREET ADDRESS	1228 S.W. 15th Ave.	
54 CITY-ST-ZIP	Ocala, Fl. 34474	
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Clayton E Brinker — Clayton E. Brinker — 7/20/95 — 904-873-6951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017772