

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N35087 (8)**

1. Corporation Name

**OCALA HIGH SCHOOL/FOREST HIGH SCHOOL FOUNDATION, INC.**



Principal Place of Business

C/O G.L. MILLER  
1614 SE FT KING ST  
OCALA FL 32671  
US

Mailing Address

C/O G.L. MILLER  
1614 SE FT KING ST  
OCALA FL 32671  
US

3. Date Incorporated or Qualified  
**11/07/1989**

3a. Date of Last Report  
**01/25/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number  
**59-2995653**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER, G.L.  
1614 SE FT KING ST  
OCALA FL 34471**

81 Name

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

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when the state filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **MILLER, G.L.**  
STREET ADDRESS **4300 SW 4 AVE**  
CITY-STATE-ZIP **OCALA FL**

TITLE **VP** ☐ DELETE  
NAME **LANKFORD, RICHARD**  
STREET ADDRESS **14601 SE 99 AVENUE**  
CITY-STATE-ZIP **SUMMERFIELD FL**

TITLE **ST** ☐ DELETE  
NAME **ADKISON, MONTE**  
STREET ADDRESS **7875 SW 27 AVENUE**  
CITY-STATE-ZIP **OCALA FL**

TITLE **D** ☐ DELETE  
NAME **LORA, MRS. JUAN**  
STREET ADDRESS **2415 SE 15 ST**  
CITY-STATE-ZIP **OCALA FL**

TITLE **D** ☐ DELETE  
NAME **WILKERSON, JAMES DR**  
STREET ADDRESS **1027 SE 5 ST**  
CITY-STATE-ZIP **OCALA FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **EXECUTIVE DIRECTOR** ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **CAROLYN ROBERTS**  
2.3 STREET ADDRESS **115 NE 8 AVENUE**  
2.4 CITY-STATE-ZIP **OCALA FL 34470**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **STANLEY JACOBS**  
3.3 STREET ADDRESS **PO BOX 670**  
3.4 CITY-STATE-ZIP **OCALA FL 34478**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **TREASURER**  
4.3 STREET ADDRESS **MAURICE MURPHY**  
4.4 CITY-STATE-ZIP **1515 E SILVER SPRINGS BLVD #E-170**  
**OCALA FL 34470**

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME **PRESIDENT**  
5.3 STREET ADDRESS **ROBERT BRILL**  
5.4 CITY-STATE-ZIP **1500 SE MAGNOLIA EXTENSION #204**  
**OCALA FL 34470**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

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:

*G.L. Miller*  
**G.L. MILLER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/13/96** **904-629-8711**

Daytime Phone #

CR2E037 (12/95)