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May 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35087 (8)

1. Corporation Name

OCALA HIGH SCHOOL/FOREST HIGH SCHOOL FOUNDATION,
INC.

Principal Place of Business

Mailing Address

C/O G.L. MILLER
1614 SE FT KING ST
OCALA FL 32671
USC/O G.L. MILLER
1614 SE FT KING ST
OCALA FL 34471-2535
US3. Date Incorporated or Qualified
11/07/19893a. Date of Last Report
03/18/1996

2. Principal Place of Business

2a. Mailing Address

21 C/O GEORGE D. TOMYN

25 C/O GEORGE D. TOMYN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1614 SE FT. KING ST.

27 1614 SE FT KING ST.

City & State

City & State

23 Ocala FL

28 Ocala FL

Zip

Country

Zip

Country

24 34471

25 USA

29 34471

30 USA

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 Tomyn, George D.

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

83 1614 SE Ft. King St.

84 City Ocala

FL

85 Zip Code 34471

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	ED	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, G.L.	
STREET ADDRESS	4300 SW 4 AVE	
CITY-ST-ZIP	OCALA FL	

1.1 TITLE	ED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TOMYN, GEORGE D.	
1.3 STREET ADDRESS	2521 SE 27th St	
1.4 CITY-ST-ZIP	OCALA, FL 34471	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROBERTS, CAROLYN	
STREET ADDRESS	115 NE 8TH AVE	
CITY-ST-ZIP	OCALA FL	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	ST	<input type="checkbox"/> DELETE
NAME	JACOBS, STANLEY N/A	
STREET ADDRESS	P O BOX 670	
CITY-ST-ZIP	OCALA FL	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> DELETE
NAME	MURPHY, MAURICE	
STREET ADDRESS	1515 E SILVER SPRINGS B;VD E-170	
CITY-ST-ZIP	OCALA FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> DELETE
NAME	BRILL, ROBERT	
STREET ADDRESS	1500 SE MAGNOLIA EXTENSION 204	
CITY-ST-ZIP	OCALA FL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tomyn, Principal

3-26-97

684-8711

Daytime Phone # 0065623

CR2E037 (9/96)