

FILE NOW: FILING FEE IS \$61.25

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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N35087** (8)

1. Corporation Name

OCALA HIGH SCHOOL/FOREST HIGH SCHOOL FOUNDATION, INC.



Principal Place of Business	Mailing Address
C/O GEORGE D. TOMYN 1614 SE FT KING ST OCALA FL 32671 US	C/O GEORGE D. TOMYN 1614 SE FT KING ST OCALA FL 32671 US

3. Date Incorporated or Qualified	11/07/1989
4. FEI Number	59-2995653
Applied For	Not Applicable

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

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A

9. Name and Address of Current Registered Agent
TOMYN, GEORGE D. 1614 SE FT KING ST OCALA FL 34471

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ED MILLER, G L	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4300 SW 4 AVE	1.2 NAME	
STREET ADDRESS	OCALA FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, CAROLYN	2.2 NAME	
STREET ADDRESS	115 NE 8TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, STANLEY	3.2 NAME	
STREET ADDRESS	P O BOX 670 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, MAURICE	4.2 NAME	
STREET ADDRESS	1515 E SILVER SPRINGS B;VD E-170	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRILL, ROBERT	5.2 NAME	
STREET ADDRESS	1500 SE MAGNOLIA EXTENSION 204	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	
TITLE	ED	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMYN, GEORGE D	6.2 NAME	
STREET ADDRESS	2521 SE 27TH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34471	6.4 CITY-ST-ZIP	

14. I 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 OF CURRENT REGISTERED AGENT 1-14-98 350-1629-8711

CR2E037 (10/97)