SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $500)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 AUG -3 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N39772** **(1)**

1. Corporation Name
FRIENDSHIP CENTER MERCHANT'S ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8441 S.W. HWY 200 SUITE 105 OCALA FL 34481	8441 S.W. HWY 200 SUITE 105 OCALA FL 34481

3. Date Incorporated or Qualified: 08/29/1990
3a. Date of Last Report: 03/07/1994
4. FEI Number: 59-3132987 (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 8441 SW Hwy 200	26 8441 S.W. Hwy 200
Suite, Apt. #, etc. 22 # 101 +	Suite, Apt. #, etc. 27 #113
City & State 23 Ocala FL	City & State 28 Ocala FL
Zip / Country 24 34481 / 25 USA	Zip / Country 29 34481 / 30 USA

9. Name and Address of Current Registered Agent

KOCH, DUTCH
8441 SW HWY 200 SUITE 121&123
OCALA FL 34481

10. Name and Address of New Registered Agent

81 Name: Donald Larson
82 Street Address (P.O. Box Number is Not Acceptable): 8441 S W Hwy 200 Suit 113
83
84 City: Ocala FL 65 Zip Code: 34481

11. Pursuant to the provisions of Sections 617.0502 and 617.1608, 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] DATE: 7/31/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
			☑ Change ☐ Addition
TITLE	P	11 TITLE	P/D
NAME	KOCH, DUTCH	12 NAME	Donald Larson
STREET ADDRESS	8441 SW HWY 200, #121 & 123	13 STREET ADDRESS	8441 SW HWY 200 #113
CITY-ST-ZIP	OCALA FL	14 CITY-ST-ZIP	Ocala, FL 34481
			☑ Change ☐ Addition
TITLE	VP	21 TITLE	VP
NAME	LARSON, DON	22 NAME	Gary White
STREET ADDRESS	8441 SW HWY 200 #113	23 STREET ADDRESS	8441 SW Hwy 200 #103
CITY-ST-ZIP	OCALA FL	24 CITY-ST-ZIP	Ocala, FL 34481
			☑ Change ☐ Addition
TITLE	ST	31 TITLE	S/T
NAME	BUDDEN, NANCY L	32 NAME	Christine Larson
STREET ADDRESS	8441 SW. HWY 200 #105	33 STREET ADDRESS	8441 SW Hwy 200 #103
CITY-ST-ZIP	OCALA FL	34 CITY-ST-ZIP	Ocala, FL 34481
			☐ Change ☐ Addition same
TITLE	D	41 TITLE	D
NAME	LEOBALD, NICOLE	42 NAME	Leobald, Nicole
STREET ADDRESS	8441 SW HWY 200 #107	43 STREET ADDRESS	8441 SW Hwy 200 #107
CITY-ST-ZIP	OCALA FL	44 CITY-ST-ZIP	Ocala, FL 34481
			☐ Change ☐ Addition same
TITLE	D	51 TITLE	D
NAME	MCINTYRE, PAUL	52 NAME	McIntyre, Paul
STREET ADDRESS	8441 SW HWY 200	53 STREET ADDRESS	8441 SW Hwy 200 #
CITY-ST-ZIP	OCALA FL	54 CITY-ST-ZIP	Ocala, FL 34481
			☐ Change ☐ Addition same
TITLE	D	61 TITLE	D
NAME	POHLERS, SHIRLEY	62 NAME	Pohlers, Shirley
STREET ADDRESS	8441 SW HWY 200	63 STREET ADDRESS	8441 SW Hwy 200
CITY-ST-ZIP	OCALA FL	64 CITY-ST-ZIP	Ocala, FL 34481

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)(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: Christine M. Larson Christine M. Larson 7/31/95 (904) 854-7770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010270