FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:11

DOCUMENT # N40365 (1)

1. Corporation Name
OCALA DIVE CLUB, INC.

Principal Place of Business	Mailing Address
16510 SE 49TH ST RD OKLAWAHA FL 32179 US	16510 SE 49TH ST RD OKLAWAHA FL 32179 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/12/1990
3a. Date of Last Report: 02/14/1994
4. FEI Number: 59-3075064 ☐ 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 ☐ $68.75 Supplemental Fee Not Required
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

JOHNSON, YVONNE J
16510 SE 49TH ST RD
OKLAWAHA FL 32179

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Yvonne J. Johnson (Yvonne J. Johnson) 01/26/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	President	☒ Change ☐ Addition
NAME	JOHNSON, YVONNE J	1.2 NAME	Feaster, Dana	
STREET ADDRESS	16510 SE 49TH ST RD	1.3 STREET ADDRESS	4710 NE 11 St	
CITY-ST-ZIP	OKLAWAHA FL	1.4 CITY-ST-ZIP	Ocala, FL 34471	
TITLE	V	2.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	FEASTER, DANA	2.2 NAME	Price, Milton	
STREET ADDRESS	4710 NE 11 ST	2.3 STREET ADDRESS	4551 SE Maricamp RD.	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	Ocala, FL 34480	
TITLE	T	3.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	HOFFMAN, FLORENCE	3.2 NAME	Mewis, James	
STREET ADDRESS	20 EMERALD CT	3.3 STREET ADDRESS	5087 NW 55 Ave.	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	Ocala, FL 34482	
TITLE	D	4.1 TITLE	Chairman, Bd of Directors	☒ Change ☐ Addition
NAME	SMITH, STEPHEN	4.2 NAME	Johnson, Yvonne J.	
STREET ADDRESS	1923 NE 6TH ST	4.3 STREET ADDRESS	16510 SE 49 St. Rd.	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	Ocklawaha, FL 32179	
TITLE	D	5.1 TITLE	Board of Directors	☒ Change ☐ Addition
NAME	JOHNSON, RAY	5.2 NAME	Thayer, Bud	
STREET ADDRESS	601 NE 42ND TERRACE	5.3 STREET ADDRESS	3455 NE 49 St	
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	Ocala, FL 34470	
TITLE	S	6.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	JOHNSON, LINDA	6.2 NAME	Johnson, Ray	
STREET ADDRESS	1923 NE 6TH TERRACE	6.3 STREET ADDRESS	1923 NE 6St	
CITY-ST-ZIP	OCALA FL	6.4 CITY-ST-ZIP	Ocala, FL 34470	

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: Yvonne J. Johnson (Yvonne J. Johnson) 01/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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