

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 # **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**

3. Date Incorporated or Qualified
10/12/1990

3a. Date of Last Report
02/20/1995

2. Principal Place of Business

2a. Mailing Address

21 **1876 N.E. 40 Circle**

26 **1876 N.E. 40 Circle**

4. FEI Number
59-3075064

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23 **Ocala, FL 34470**

28 **Ocala, FL 34470**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip
24 **34470**

Country
25 **USA**

Zip
29 **34470**

Country
30 **USA**

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

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

81 Name
Johnson, Yvonne J.
82 Street Address (P.O. Box Number is Not Acceptable)
1876 N.E. 40 Circle
83
84 City
Ocala
85 Zip Code
FL 34470

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 **Yvonne J. Johnson Chairman of the Board**

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	CBDD	<input type="checkbox"/> DELETE
NAME	JOHNSON, YVONNE J	
STREET ADDRESS	16510 SE 49TH ST RD	
CITY - ST - ZIP	OKLAWAHA FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	FEASTER, DANA	
STREET ADDRESS	4710 NE 11 ST	
CITY - ST - ZIP	OCALA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PRICE, MILTON	
STREET ADDRESS	4551 SE MARICAMP RD.	
CITY - ST - ZIP	OCALA FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MEWIS, JAMES	
STREET ADDRESS	5087 NW 55 AVE.	
CITY - ST - ZIP	OCALA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JOHNSON, RAY	
STREET ADDRESS	1923 NE 6ST	
CITY - ST - ZIP	OCALA FL	
TITLE	BD	<input type="checkbox"/> DELETE
NAME	THAYER, BUD	
STREET ADDRESS	3455 NE 49 ST	
CITY - ST - ZIP	OCALA FL	

1.1 TITLE	Chairman, Board	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Johnson, Yvonne J.	
1.3 STREET ADDRESS	1876 N.E. 40 Circle	
1.4 CITY - ST - ZIP	Ocala, FL 34470	
2.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lytle, Richard	
2.3 STREET ADDRESS	287 S.E. 50th Terrace	
2.4 CITY - ST - ZIP	Ocala, FL 34471	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Boyer, Darlene	
4.3 STREET ADDRESS	3349 N.E. 28th Ave.	
4.4 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		
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 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: **Yvonne J. Johnson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(352) 236-6699

Date **2/24/96** Daytime Phone #

CR2E037 (12/95)