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FILED

Jan 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

1876 NE 40 CIRCLE
OCALA FL 34470
US

Mailing Address

1876 NE 40 CIRCLE
OCALA FL 34470-5040
US3. Date Incorporated or Qualified
10/12/19903a. Date of Last Report
03/08/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3075064

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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
1876 NE 40 CIRCLE
OCALA FL 34470

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 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

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 ☐ DELETE
NAME JOHNSON, YVONNE J
STREET ADDRESS 1876 NE 40 CIRCLE
CITY-ST-ZIP Ocala FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE P ☐ DELETE
NAME LYTLE, RICHARD
STREET ADDRESS 287 SE 50TH TERRACE
CITY-ST-ZIP Ocala FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE VP ☐ DELETE
NAME PRICE, MILTON
STREET ADDRESS 4551 SE MARICAMP RD.
CITY-ST-ZIP Ocala FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE T ☐ DELETE
NAME BOYER, DARLENE
STREET ADDRESS 3349 NE 28TH AVENUE
CITY-ST-ZIP Ocala FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE S ☐ DELETE
NAME JOHNSON, RAY
STREET ADDRESS 1923 NE 6ST
CITY-ST-ZIP Ocala FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE BD ☒ DELETE
NAME THAYER, BUD
STREET ADDRESS 3455 NE 49 ST
CITY-ST-ZIP Ocala FL6.1 TITLE ☐ Change ☒ Addition
6.2 NAME Judy Pons Board of Dir.
6.3 STREET ADDRESS 1621 NE 2 St. Unit 104
6.4 CITY-ST-ZIP Ocala, FL 34470

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: *Yvonne J. Johnson* YVONNE J. JOHNSON 01/07/96 (352) 236-6699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0065595

CR2E037 (9/96)