

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 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 # **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
US**

3. Date Incorporated or Qualified
10/12/1990

4. FEI Number
59-3075064

Applied For
☐ Not Applicable

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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
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	<input type="checkbox"/> DELETE
NAME	JOHNSON, YVONNE J	
STREET ADDRESS	1876 NE 40 CIRCLE	
CITY-ST-ZIP	OCALA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LYTLE, RICHARD	
STREET ADDRESS	287 SE 50TH TERRACE	
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 type="checkbox"/> DELETE
NAME	BOYER, DARLENE	
STREET ADDRESS	3349 NE 28TH AVENUE	
CITY-ST-ZIP	OCALA FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, RAY	
STREET ADDRESS	1923 NE 6ST	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PONS, JUDY	
STREET ADDRESS	1621 NE 2ND ST UNIT 104	
CITY-ST-ZIP	OCALA FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SECRETARY
5.3 STREET ADDRESS	Nancy Scharmach
5.4 CITY-ST-ZIP	1876 NE 40th Circle
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Director
6.3 STREET ADDRESS	Ray Johnson
6.4 CITY-ST-ZIP	1923 NE 6 ST
	OCALA FL

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: *Darlene A Boyer* **Darlene A Boyer 2-6-98 352-873-5000**

CF2E037 (10/97)