2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N40365

1. Entity Name
OCALA DIVE CLUB, INC.

Principal Place of Business	Mailing Address
3934 NE 21ST LANE OCALA, FL 34470 US	3934 NE 21ST LANE OCALA, FL 34470 US

DO NOT WRITE IN THIS SPACE

04152005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3075064

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, YVONNE J
3934 NE 21ST LANE
OCALA, FL 34470

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARTIN, ALLEN
STREET ADDRESS	7258 CHERRY PASS
CITY-ST-ZIP	OCALA, FL 34472
TITLE	V
NAME	VAUGHN, KRISTIN
STREET ADDRESS	6380 SE 115 LANE
CITY-ST-ZIP	BELLEVIEW, FL 34420
TITLE	D
NAME	BOYER, WILLIAM
STREET ADDRESS	3349 NE 28 AVE
CITY-ST-ZIP	OCALA, FL 34479
TITLE	TS
NAME	BOYER, DARLENE
STREET ADDRESS	3349 NE 28TH AVENUE
CITY-ST-ZIP	OCALA, FL 34479
TITLE	D
NAME	LYTLE, RICHARD
STREET ADDRESS	287 SE 50 TERRACE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	D
NAME	FAIRBURN, CAMMIE
STREET ADDRESS	850 NW 75TH TERRACE
CITY-ST-ZIP	OCALA, FL 34482

U00000316599
04/19/05-80079-021 61.25

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Darlene R Boyer, treasurer 04/18/05 352-629-5147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #