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Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N93000001613 (9)		
1. Corporation Name BRICK CITY FIELD PARENTS ASSOCIATION, INC.		



Principal Place of Business 1211 SE 22ND RD OCALA FL 34471 US	Mailing Address PO BOX 908 OCALA FL 34478-908 US
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2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23	City & State 28
Zip 24	Zip 29
Country 25	Country 30

3. Date Incorporated or Qualified 04/06/1993
4. FEI Number 59-3179170
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent WILLIAMS, REUBEN S 954 E SILVER SPGS BLVD OCALA FL 34470
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10. Name and Address of New Registered Agent 81 Name BRIAN D. LAMBERT 82 Street Address (P.O. Box Number is Not Acceptable) 500 N.E. 8TH AVE 83 84 City Ocala FL 85 Zip Code 34470
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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 Brian D. Lambert **BRIAN D. LAMBERT** DATE **1/8/98**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	S PEAVY, KIM
STREET ADDRESS	4090 SE 23RD TERR
CITY-ST-ZIP	OCALA FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	P WILLIAMS, REUBEN S
STREET ADDRESS	2195 S.E. 38TH STREET
CITY-ST-ZIP	OCALA FL
TITLE	<input type="checkbox"/> DELETE
NAME	T ZIELINSKI, TODD
STREET ADDRESS	2632 S.E. 30TH PLACE
CITY-ST-ZIP	OCALA FL
TITLE	<input type="checkbox"/> DELETE
NAME	R P MOSER, WAYNE
STREET ADDRESS	2575 S.E. 34TH STREET
CITY-ST-ZIP	OCALA FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D MAINES, DON
STREET ADDRESS	2921 S.E. 39TH PLACE
CITY-ST-ZIP	OCALA FL
TITLE	<input type="checkbox"/> DELETE
NAME	D JACKSON, RICHARD
STREET ADDRESS	4747 S.E. 35TH AVENUE
CITY-ST-ZIP	OCALA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D JOHN PODLASKI PODLASKI
1.3 STREET ADDRESS	2721 SE 23RD AVE
1.4 CITY-ST-ZIP	OCALA, FL 34471
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	S BRUCE RATLIFF
2.3 STREET ADDRESS	4260 SE 58TH AVE
2.4 CITY-ST-ZIP	OCALA, FL 34480
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D SHARON FOURAKRE
3.3 STREET ADDRESS	4935 SE 37TH CT
3.4 CITY-ST-ZIP	OCALA, FL 34480
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RUB PAULIN - D
4.3 STREET ADDRESS	3030 SE 41ST PL.
4.4 CITY-ST-ZIP	OCALA, FL 34480
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D/V-P BRIAN D. LAMBERT
5.3 STREET ADDRESS	8456 SE 7TH AVE RD
5.4 CITY-ST-ZIP	OCALA, FL 34480
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D EVAN SULLIVAN
6.3 STREET ADDRESS	12675 NW 83RD LANE
6.4 CITY-ST-ZIP	OCALA, FL 34480

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: Brian D. Lambert **BRIAN D. LAMBERT** DATE **1/8/98** (352) 629-5551

CR2E037 (10/97)