

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008 8:00 am
Secretary of State

02-05-2008 90006 041 ****61.25

DOCUMENT # N93000005478					
1. Entity Name OCALA SAILING CLUB, INC.					
Principal Place of Business 15303 SE 105TH TER RD SUMMERFIELD, FL 34491 US 1795 NW 76th Terr. Ocala, FL 34482 US			Mailing Address P O BOX 2191 OCALA, FL 34478 US		
2. Principal Place of Business - No P.O. Box # See correction above		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0481441	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BIRKENMEYER WAYNE 15303 SE 105TH TER RD SUMMERFIELD, FL 34491 Nita Williams 1795 NW 76th Terr. Ocala, FL 34482				7. Name and Address of New Registered Agent Name <u>Nita Williams</u> Street Address (P.O. Box Number is Not Acceptable) <u>1795 NW 76th Terr.</u> City <u>Ocala</u> <u>FL</u> Zip Code <u>34482</u>	
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 <u>Nita Williams</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <u>2-2-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRD BIRKENMEYER, WAYNE 15303 SE 105TH TERRACE ROAD SUMMERFIELD, FL 34491	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAYWARD, SUSAN 5960 NW 13th St. Ocala, FL 34482	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATTHEUS, JACK 6300 N. US HWY 27 OCALA, FL 34482	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Archibald, Skip (see 10)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARCHIBALD, SKIP 1 SE CHINICA DRIVE SUMMERFIELD, FL 34491	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRD Williams, Nita (see 10)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STAKENBORG, LIZ 10705 SE 151ST STREET SUMMERFIELD, FL 34491	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DALBECK, KEN 13448 SE 89th Terr. Rd. Summerfield, FL 34491	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DALBECK, KEN	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Regatta Commodore SIMS, LYNN 11441 SE 161st PLACE SUMMERFIELD, FL 34491	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRD WILLIAMS, NITA 1795 NW 76th Terrace OCALA, FL 34482	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Nita Williams</u> <u>Nita Williams, Treas.</u> <u>2-2-08</u> <u>352-237-6789</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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