2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N9300005478 1. Entity Name OCALA SAILING CLUB, INC.						0006 041 ****6	1.25	
Principal Place of Business 15303-SE-195TH TER RB- SUMMERFIELD, FL-34491 US 1795 NW 764 Texr.	Mailing Address P O BOX 2191 OCALA, FL 34478	P 0 B0X 2191		4001	BUSA			
Ocale, FL 3 4 482 US 2. Principal Place of Business - No P.O. Box #	3. Mailing Address							
See correction above			i 1023il0; 210 1	DINK JIHI NATA BUMA BUMA I	1811 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ITITIZE OF IZON		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			01102008	Chg-NP	CR2E037 (12/06)		
City & State	City & State			4. FEI Number 65-0481	441		oplied For of Applicable	
Zip Country	Zip	Coun	ntry	5. Certificate of	Status Desired	☐ \$8.75 Add	ditional	
6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New Re	Fee Require		
BIRKENMEYER WAYNE Nite	Ailiams		Name N	lite Willi	ta Williams			
BIRKENMEYER WAYNE Nite Williams 15303 SEDENTIER RD 1705 NW 76th Terr.			Street Address (P.O. Box Number is Not Acceptable)					
15303 SE DON TER RD 1795 NW 76th Terr. SUMMERFIELD A 34491 Ocale, FL 34482								
- (City C Zip Code					
8. The above named entity submits this statement to	- th		<u> </u>	cala		FL 344	<u>82</u>	
the obligations of registered agent. SIGNATURE Act Williams Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) DATE							8'	
		Hegistered	Agent signature	required when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Carr Trust Fund C	npaign Fir	nancing	\$5.00 May Be	1	ke check payable t la Department of S	0	
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r never year up mat the information supplied with this filling 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:	Nita Williams	Nita Williams Traus.	2-2-08	352-237-6789
	SIGNATURE AND TYPED OR PRINTED NAME OF S	IGNING OFFICER OR DIRECTOR	Date	Daytma Phone #