

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005478

FILED
May 05, 2009
Secretary of State

Entity Name: OCALA SAILING CLUB, INC.

Current Principal Place of Business:

1795 NW 76TH TERR
OCALA, FL 34482 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 2191
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 65-0481441 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILLIAMS, NITA
1795 NW 76TH TERR
OCALA, FL 34482 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: HAYWARD, SUSAN
Address: 5960 NW 13TH ST.
City-St-Zip: OCALA, FL 34482

Title: PD () Delete
Name: SKIP, ARCHIBALD
Address: 1SE CHINICA DRIVE
City-St-Zip: SUMMERFIELD, FL 34491

Title: VD () Delete
Name: ARCHIBALD, SKIP
Address: 1 SE CHINICA DRIVE
City-St-Zip: SUMMERFIELD, FL 34491

Title: VD3 (X) Delete
Name: DALBECK, KEN
Address: 13448 SE 89TH TERR. RD.
City-St-Zip: SUMMERFIELD, FL 34491

Title: TRD () Delete
Name: WILLIAMS, NITA
Address: 1795 NW 76TH TERRACE
City-St-Zip: OCALA, FL 34482

Title: VD (X) Delete
Name: DALBECK, KEN
Address: 13448 SE 89TH TERR. RD.
City-St-Zip: SUMMERFIELD, FL 34491

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: JOHNSON, CHARLENE
Address: 14971 SE 107TH AVE.
City-St-Zip: SUMMERFIELD, FL 34491

Title: PD (X) Change () Addition
Name: DALBECK, KEN
Address: 13448 SE 89TH TERR. RD.
City-St-Zip: SUMMERFIELD, FL 34491

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: WILLIAMS, NITA
Address: 1795 NW 76TH TERRACE
City-St-Zip: OCALA, FL 34482

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NITA WILLIAMS

TD

05/05/2009

Electronic Signature of Signing Officer or Director

Date