FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 MAR 14 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000778 (0)

1. Corporation Name
THE OCALA ROTARY CLUB FOUNDATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 104 OCALA FL 34478	P.O. BOX 104 OCALA FL 34478

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/16/1994
3a. Date of Last Report:
4. FEI Number: 59-3230446 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

5. Certificate of Status Desired ☐ $6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
FANTE, NORBERT JR.
3337 S.E. 15TH STREET
OCALA FL 34471

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	☐ Change ☐ Addition
NAME	FANTE, NORBERT JR.	1.2 NAME	
STREET ADDRESS	3337 S.E. 15TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34471	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	TOMYN, GEORGE D	2.2 NAME	300001430852
STREET ADDRESS	2521 S.E. 27TH STREET	2.3 STREET ADDRESS	-03/15/95--01091--005
CITY-ST-ZIP	OCALA FL 34470	2.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SIMONS, GARY C	3.2 NAME	
STREET ADDRESS	1014 N.E. 20TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34470	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	GUERRA, JUAN	4.2 NAME	
STREET ADDRESS	4434 S.E. 13TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34471	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	WILKINSON, THOMAS J	5.2 NAME	
STREET ADDRESS	10 SAPPHIRE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34472	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BARNETT, ROBERT J	6.2 NAME	
STREET ADDRESS	10818 S.W. 87TH TERRACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34481	6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ - Treasurer 2/24/95 904-237-7277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0083300