

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90247 045 ****70.00

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1. Entity Name
**GREATER OCALA COMMUNITY DEVELOPMENT
CORPORATION**



Principal Place of Business
1749 W SILVER SPRINGS BLVD
OCALA, FL 34475 US

Mailing Address
P.O. BOX 5582
OCALA, FL 34478

20044456



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

59-3257302

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWNING, JOHN
1749 W SILVER SPRINGS BLVD
OCALA, FL 34475

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 P ☐ Delete
NAME BROWNING, JOHN
STREET ADDRESS 1749 W SILVER SPRINGS BLVD
CITY - ST - ZIP Ocala, FL 34475

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE VP ☐ Delete
NAME TAKAC, MICHAEL
STREET ADDRESS 520 SE FT. KING STREET
CITY - ST - ZIP Ocala, FL 34471

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE SD ☐ Delete
NAME WILLIAMS, MARY F
STREET ADDRESS 16752 N HIGHWAY 329
CITY - ST - ZIP REDDICK, FL 32686

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DD ☐ Delete
NAME KINSLER, CHARLENA C
STREET ADDRESS 6175 NW 130TH AVE.
CITY - ST - ZIP MORRISTON, FL 32668

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE TD ☐ Delete
NAME LEIST, GARY
STREET ADDRESS 1700 SE 17TH STREET
CITY - ST - ZIP Ocala, FL 34471

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. 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 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: Charlena C. Kinsler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charlena C. Kinsler 4/4/05 352/351 4675
Date Daytime Phone #