

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003537

FILED
May 29, 2008
Secretary of State

Entity Name: GREATER OCALA COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

1749 W SILVER SPRINGS BLVD
OCALA, FL 34475 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5582
OCALA, FL 34478

New Mailing Address:

FEI Number: 59-3257302 **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:

BROWNING, JOHN
1749 W SILVER SPRINGS BLVD
OCALA, FL 34475 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: PRES () Delete
Name: BROWNING, JOHN
Address: 1749 W SILVER SPRINGS BLVD
City-St-Zip: OCALA, FL 34475

Title: VP () Delete
Name: GREENE, JAMES
Address: 1749 W SILVER SPRINGS BLVD
City-St-Zip: OCALA, FL 34475

Title: SEC. () Delete
Name: REED, RUTH
Address: 1749 W SILVER SPRINGS BLVD
City-St-Zip: OCALA, FL 34475

Title: ED () Delete
Name: TIWARI, ANEASH
Address: 1749 W SILVER SPRINGS BLVD
City-St-Zip: OCALA, FL 34475

Title: T () Delete
Name: LEIST, GARY
Address: 1749 W SILVER SPRINGS BLVD
City-St-Zip: OCALA, FL 34475

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ANEASH TIWARI

ED

05/29/2008

Electronic Signature of Signing Officer or Director

Date