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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 **DOCUMENT #**

N9400003823 (1)

OVERSEAS VETERANS ASSOCIATION OF MARION COUNTY.

INC. Mailing Address Principal Place of Business 10874 SW 87TH TERR. 10874 SW 87TH TERR. 3. Date incorporated or Qualified OCALA FL 34481 OCALA FL 34481 08/01/1994 4. FEI Number Applied For 65-0531554 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 27 Trust Fund Contribution Added to Fees 22 City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes Yes ☐ No 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 29 30 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HERR, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 10874 SW 87TH TERR. 83 OCALA FL 34481 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE HARTMAN, ALBERT D MAME 1.2 NAME 10888 SW 90TH CT. 1,3 STREET ADDRESS STREET ADDRESS **OCALA FL 34481** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition BROOKE, DAVID A JR 2.2 NAME 8696 SW 115TH ST. STREET ADDRESS 2.3 STREET ADDRESS OCALA FL 34481 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE DST 3.1 TITLE Change Addition STETNER, WILLIAM G NAME 3.2 NAME 10992 SW 83RD AVE. STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP OCALA FL 34481 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 41 TITLE 4 2 NAME NAME SHIRK, HOWARD C. STREET ADDRESS 4.3 STREET ADDRESS 8543 SW 109th St. CITY-ST-ZIP 4.4 CITY-ST-ZIP OCALA, FL 34481 DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP TITI E DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

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FILED

Jan 20 1998 8:00am

Secretary of State