

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90251 019 \*\*\*\*61.25

<b>DOCUMENT # N94000003826</b> 1. Entity Name <b>THE OCALA ART GROUP, INC.</b>					
Principal Place of Business <b>APPLETON MUSEUM</b> <b>4333 NE SILVER SPRINGS BLVD. PO BOX 3190</b> <b>OCALA, F 34470 US</b>			Mailing Address <b>P.O. BOX 314</b> <b>OCALA, FL 34478-0314 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3274754</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>HANOVER, GEORGE B JR</b> <b>1905 NW 50 CIR.</b> <b>OCALA, FL 34482</b>				Name <b>Marianne Gamble</b> Street Address (P.O. Box Number is Not Acceptable)  <b>6715 NW 63rd Ave</b> City <b>Gainesville</b> <b>FL</b> Zip Code <b>32653</b>	
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 <u>Marianne Gamble</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>1/13/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MANGAN, DARLENE</b>		NAME		
STREET ADDRESS	<b>11653 SW 72 CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>OCALA, FL 34476</b>		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MACDOUEALL, DAWN</b>		NAME		
STREET ADDRESS	<b>6744 SW 88TH ST.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>OCALA, FL 34476</b>		CITY-ST-ZIP		
TITLE	<del>D</del>	<input type="checkbox"/> Delete	TITLE	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SIMMER, CAROLE</b>		NAME		
STREET ADDRESS	<b>P.O. BOX 771086</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>OCALA, FL 344771086</b>		CITY-ST-ZIP		
TITLE	<del>P</del>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>Barbara Kerr</b>		NAME	<b>Barbara Kerr</b>	
STREET ADDRESS	<b>3411 S. Grove Ter</b>		STREET ADDRESS	<b>3411 S. Grove Ter</b>	
CITY-ST-ZIP	<b>Inverness, FL 34450</b>		CITY-ST-ZIP	<b>Inverness, FL 34450</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>Treasurer</b>	
STREET ADDRESS			STREET ADDRESS	<b>Marianne Gamble</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>6715 NW 63rd Ave</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>Ray Jowers</b>	
STREET ADDRESS			STREET ADDRESS	<b>19880 SW 93rd Lane Rd</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>Dunnellon, FL 34432</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE: <u>Marianne Gamble</u> <u>Marianne Gamble</u> <u>(352) 379-0653</u> <u>1/13/06</u> <u>Treasurer</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					