

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003826

FILED  
Jun 30, 2009  
Secretary of State

Entity Name: THE OCALA ART GROUP, INC.

## Current Principal Place of Business:

C/O MARION COUNTY LIBRARY  
2720 E. SILVER SPRINGS BLVD  
OCALA, FL 34470 US

## New Principal Place of Business:

C/O APPLETON MUSEUM OF ART  
4333 E SILVER SPRINGS BLVD.  
OCALA, FL 34470 US

## Current Mailing Address:

P.O.BOX 314  
OCALA, FL 344780314 US

## New Mailing Address:

FEI Number: 59-3274754      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:

TROWBRIDGE, MARY  
12962 SE 91ST CT  
SUMMERFIELD, FL 34491 US

## Name and Address of New Registered Agent:

FITZKEE, EUNICE  
3507 E FORT KING ST  
APT 131C  
OCALA, FL 34470 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: EUNICE FITZKEE

06/30/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TROWBRIDGE, MARY L  
Address: 12962 SE 91ST COURT  
City-St-Zip: SUMMERFIELD, FL 34491

Title: T ( ) Delete  
Name: BELLAMY, NANCY  
Address: 17033 SE 115 TERRACE RD  
City-St-Zip: SUMMERFIELD, FL 34491

Title: 1VP ( ) Delete  
Name: FITZKEE, EUNICE  
Address: 3507 E FORT KING ST. #131-C  
City-St-Zip: OCALA, FL 34470

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: FITZKEE, EUNICE  
Address: 3507 E FORT KING ST APT 131C  
City-St-Zip: OCALA, FL 34470

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

Title: 1VP (X) Change ( ) Addition  
Name: SMYTH, SALLY  
Address: 8810 SE 70TH TERRACE RD  
City-St-Zip: OCALA, FL 34472

Title: 2VP ( ) Change (X) Addition  
Name: JOWERS, RAY  
Address: 19880 SW 93 LANE  
City-St-Zip: DUNNELLON, FL 34432

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: NANCY BELLAMY

T

06/30/2009

Electronic Signature of Signing Officer or Director

Date