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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004390 (0)**

1. Corporation Name

THE OCALI NATIONS INTERTRIBIAL INC.



Principal Place of Business

Mailing Address

**2255 N.E. 115TH AVE.
(PINEY PATH)
SILVER SPRINGS FL 34488
US**

**P.O. BOX 2316
SILVER SPRINGS FL 34489-2316**

3. Date incorporated or Qualified
09/02/1994

3a. Date of Last Report
06/04/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

Country

29

Country

9. Name and Address of Current Registered Agent

**PALMER, SELMA REV P/D/M
2255 N.W. 115TH AVE.
(PINEY PATH)
SILVER SPRINGS FL 34488 34488**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE **D** ☒ DELETE

NAME **RANDALL, LUCILLE**
STREET ADDRESS **RT. 1 BOX 393-B**
CITY-ST-ZIP **INTERLACHEN FL 32148**

TITLE **D** ☐ DELETE

NAME **LANCE SCHENKER**
STREET ADDRESS **1333 SE 17TH ST**
CITY-ST-ZIP **OCALA FL**

TITLE **VD** ☐ DELETE

NAME **LEE, GARY**
STREET ADDRESS **9108 RODNEY PARHAM, SUITE 201**
CITY-ST-ZIP **LITTLE ROCK AR**

TITLE **D** ☒ DELETE

NAME **BARREDA, SUE**
STREET ADDRESS **111 28TH ST. NO**
CITY-ST-ZIP **BRADENTON FL 34205**

TITLE **TD** ☐ DELETE

NAME **SAILOR, LORI**
STREET ADDRESS **3204 S.E. 35 STREET**
CITY-ST-ZIP **OCALA FL 34476**

TITLE **D** ☐ DELETE

NAME **BARRETT, LINDA**
STREET ADDRESS **1310 S.E. 37TH AVE.**
CITY-ST-ZIP **OCALA FL 34471**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D/M** ☒ Change ☐ Addition

1.2 NAME **SELMA PALMER**

1.3 STREET ADDRESS **P.O. 2316** **N/A (ABOVE AS REG)**

1.4 CITY-ST-ZIP **SILVER SPRINGS FL 34488**

2.1 TITLE **2V/DIRECTOR** ☐ Change ☒ Addition

2.2 NAME **CARYN HIPP**

2.3 STREET ADDRESS **400590 ST. W.**

2.4 CITY-ST-ZIP **BRADENTON, FL 34209**

3.1 TITLE **D** ☐ Change ☒ Addition

3.2 NAME **JAMES MC GRARY**

3.3 STREET ADDRESS **101 LYLES STREET**

3.4 CITY-ST-ZIP **TERRA CEIA ISLAND, FL 34250**

4.1 TITLE **D** ☐ Change ☒ Addition

4.2 NAME **WALTER HODGSON**

4.3 STREET ADDRESS **P.O. 364**

4.4 CITY-ST-ZIP **TERRA CEIA ISLAND, FL 34250** **N/A**

5.1 TITLE **D** ☐ Change ☒ Addition

5.2 NAME **GLENN BAKER**

5.3 STREET ADDRESS **P.O. BOX 20943**

5.4 CITY-ST-ZIP **BRADENTON, FL 34203** **N/A**

6.1 TITLE **D** ☐ Change ☒ Addition

6.2 NAME **ED STRAIGHT**

6.3 STREET ADDRESS **2207 AVENUE B**

6.4 CITY-ST-ZIP **BRADENTON BEACH, FL 34217**

14. I do 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 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 *[Signature]*

CR2E037 (9/96)