

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 01 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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

3. Date Incorporated or Qualified

09/02/1994

4. FEI Number

59-3313190

Applied For

Not Applicable

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

US

28 Zip

Country

US

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PALMER, SELMA REV  
2255 N.W. 115TH AVE.  
(PINEY PATH)  
SILVER SPRINGS FL 34488

81 Name

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

83

84 City

FL

85 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PDM PALMER, SELMA REV. P.O. BOX 2316 SILVER SPRINGS FL 34489

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D LANCE SCHENKER 1333 SE 17TH ST Ocala FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD LEE, GARY 9108 RODNEY PARHAM, SUITE 201 LITTLE ROCK AR

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD HIPP, CARYN 400 59TH ST. W. BRADENTON FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TD SAILOR, LORI 3204 S.E. 35 STREET Ocala FL 34478

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D BARRETT, LINDA 1310 S.E. 37TH AVE. Ocala FL 34471

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

W/D/C/M HODSDON, WALTER P.O. 364 N/A TERRA CEIA ISLAND, FL 34450

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

D/G GUILLERMO NELS P.O. 364 N/A TERRA CEIA ISLAND, FL 34450

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

D MCCRAY MAC 101 LYLES ST TERRA CEIA ISLAND, FL 34450

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

P POREA, RICK 2016 E. SILVER SPRINGS BLVD. Ocala, FL

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

D RENNER, KATHERINE 2816 52ND AVE. TERR. W. BRADENTON, FL 34207

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

D BAKER, GLENN P.O. 2316 N/A SILVER SPRINGS, FL 34489

14. I 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: Rev. Selma Palmer (Selma Palmer) 3/29/98 352-625-2764

CR2E037 (10/97)