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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004390

1. Corporation Name

THE OCALI NATIONS INTERTRIBIAL INC.

Principal Place of Business

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

Mailing Address

P.O. BOX 2316
SILVER SPRINGS FL 34489



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

09/02/1994

22 City & State

27 City & State

4. FEI Number
59-3313190

Applied For
Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24

25

29

30

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PDM	<input type="checkbox"/> DELETE
NAME	PALMER, SELMA	
STREET ADDRESS	P.O. BOX 2316	
CITY-ST-ZIP	SILVER SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEA SCHENKER MASON, MICHAEL	
STREET ADDRESS	1000 11TH ST P.O. BOX 1828	
CITY-ST-ZIP	OCALA Silver Spgs, FL 34489	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LEE, GARY	
STREET ADDRESS	9108 RODNEY PARHAM, SUITE 201	
CITY-ST-ZIP	LITTLE ROCK AR	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEA SCHENKER TAENNES, LEA	
STREET ADDRESS	400 50TH ST W. 10430 REED RD	
CITY-ST-ZIP	BRADENTON FL ALEXANDER, AR 72002	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAILOR, LORI	
STREET ADDRESS	3204 S.E. 35 STREET	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOWARD, MICHAEL HOWARD, MICHAEL	
STREET ADDRESS	3204 SE 35 ST 3204 SE 35 ST	
CITY-ST-ZIP	OCALA FL Ocala FL 34476	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RENNER, KATHERINE	
1.3 STREET ADDRESS	P.O. 2316	
1.4 CITY-ST-ZIP	SILVER SPRINGS, FL 34489	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	POREA, RICK	
2.3 STREET ADDRESS	9600 Southedge DR #9	
2.4 CITY-ST-ZIP	LITTLE ROCK, ARK 72227	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WOODS, ROLAND ETX	
3.3 STREET ADDRESS	37333 HWY 19	
3.4 CITY-ST-ZIP	UMATILLA, FL 32784	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HODGSON, WALTER	
4.3 STREET ADDRESS	P.O. 364	
4.4 CITY-ST-ZIP	TERRA CEIA, ISLAND 34250	
	FLORIDA	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RICHMOND, KATE	
5.3 STREET ADDRESS	4300 18TH ST W. #102	
5.4 CITY-ST-ZIP	BRADENTON, FL 34205	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	PARKS, JAMES	
6.3 STREET ADDRESS	RT1 BOX 251-6	
6.4 CITY-ST-ZIP	CLINTON, ARK 72031	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(352) 625-2764

CR2E037 (11/98)