

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90050 015 ****70.00

0070245

DOCUMENT # N95000001379

1. Corporation Name

THE MARION COUNTY R/C CLOUD CLIMBERS ASSOCIATION
INC.

Principal Place of Business

Mailing Address

240 NE 72ND TER
OCALA FL 34470
US

240 NE 72ND TER
OCALA FL 34470
US



2. Principal Place of Business

21 13563 SW 12 PL

2a. Mailing Address

26 13563 SW 12 PL

3. Date Incorporated or Qualified

03/21/1995

4. FEI Number

59-3309971

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FOSTER, TOM
240 NE 72ND TERR
OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name RANDY D. COCIL
82 Street Address (P.O. Box Number is Not Acceptable)
13563 SW 12 PL
83
84 City Ocala FL 85 Zip Code 34480

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

Randy D. Cocil

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-23-99

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	FOSTER, TOM	240 NW 72ND TER	OCALA FL	<input checked="" type="checkbox"/>
VD	HARGROVE, CLAYTON	422 NE 49TH ST	OCALA FL	<input checked="" type="checkbox"/>
STD	ELEDER, FRANK W	19 N DANCER DR	OCALA FL 34482	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PD	RANDY D. COCIL	13563 SW 12 PL	OCALA FL 34481	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	Jay Hartz	4451 S.W. 44th Ln.	OCALA, FL. 34474	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STD	Tom McNulty	16550 N.W. 170th St.	Williston, FL 32696	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Randy D. Cocil

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-99 (352) 854-4763

Date Daytime Phone #

CR2E037 (11/98)