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Mar 25 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N96000000660 (8)

OCALA SINGLES CONNECTION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 597
SILVER SPRINGS FL 34488

P.O. BOX 597
SILVER SPRINGS FL 34488

3. Date Incorporated or Qualified

02/07/1996

4. FEI Number

593373355

Applied For

NOT APPLICABLE

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 c/o Ocala Munciple Golfcourse

2a Suite, Apt. #, etc.

22 Clubhouse -3130 E.Silver Springs Blvd

2a Suite, Apt. #, etc.

City & State

City & State

23 Ocala, Florida

2a City & State

Zip

Country

24 34471

26 Marion

Zip

Country

29

30

6. 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

COLLINS, MIKE
2615 SOUTHEAST 15TH STREET
OCALA FL 34471

81 Name

TONN, LARRY

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

14480 North Highway 441

83

84 City

Citra

FL

85 Zip Code

32113

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 LARRY D TONN PRES

Larry D Tonn

1-20-98

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 PD
NAME COLLINS, MIKE
STREET ADDRESS 2615 SOUTHEAST 15TH STREET
CITY-ST-ZIP Ocala FL

☒ DELETE

TITLE VD
NAME LANDRUM, CARLA
STREET ADDRESS P.O. BOX 1714
CITY-ST-ZIP Ocala FL

☒ DELETE

TITLE TD
NAME TONN, LARRY D.
STREET ADDRESS 14480 N. HWY. 441
CITY-ST-ZIP CITRA FL

☒ DELETE

TITLE SD
NAME TAMPKIN, SANDRA LEE
STREET ADDRESS 3815 N.E. 45TH STREET
CITY-ST-ZIP GAINESVILLE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

PRESIDENT PD

☒ Change ☐ Addition

TONN, LARRY
14480 North Highway 441
Citra, FL 32113

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

VICE-PRESIDENT VD

☒ Change ☐ Addition

WEEKS, THOMAS
10873 SW 75 Ave.
Ocala, FL 34476

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

TREASURER TD

☒ Change ☐ Addition

SPICER, CONNIE
14480 North Highway 441
Citra, FL 32113

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

(same Secretary-Sandra Lee Tampkin, now

☐ Change ☐ Addition

with address: PO BX 4053, Belleview, FL
34421-4053

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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: Larry D Tonn

1/20/98

352-591-3469

CR2E037 (1097)