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Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90020 003 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000660

1. Corporation Name

OCALA SINGLES CONNECTION, INC.

Principal Place of Business

C/O OCALA MUNICIPLE GOLF COURSE
 CLUBHOUSE-3130 E. SILVER SPRINGS BLVD
 OCALA FL 34471
 US

Mailing Address

P.O. BOX 597
 SILVER SPRINGS FL 34488



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	02/07/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3373355
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	28	\$8.75 Additional Fee Required
Zip	Country	6. Election Campaign Financing <input type="checkbox"/>
24	29	Trust Fund Contribution <input type="checkbox"/>
25	30	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

TONN, LARRY
14880 NORTH HIGHWAY 441
CITRA FL 32113

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 Larry Tonn **LARRY TONN PRES.** 4-26-99
Signature, typed or printed name of registered agent or director if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITION S/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TONN, LARRY	1.2 NAME	
STREET ADDRESS	14480 NORTH HIGHWAY 441	1.3 STREET ADDRESS	
CITY-ST-ZIP	CITRA FL 32113	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEEKS, THOMAS	2.2 NAME	VD BEN McLaughlin
STREET ADDRESS	10873 SW 75TH AVE	2.3 STREET ADDRESS	2705 NE 1st AVE
CITY-ST-ZIP	OCALA FL 34476	2.4 CITY-ST-ZIP	OCALA FL 34470
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPICER, CONNIE	3.2 NAME	
STREET ADDRESS	14480 NORTH HIGHWAY 441	3.3 STREET ADDRESS	
CITY-ST-ZIP	CITRA FL 32113	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAMPKIN, SANDRA LEE	4.2 NAME	SD META CHALKER
STREET ADDRESS	3815 N.E. 45TH STREET	4.3 STREET ADDRESS	5648 E HWY 316
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	Citra FL 32113
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Larry Tonn **LARRY TONN PD** 4-26-99 352-622-8761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Phone #

CR2E037 (11/98)