## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortheim

Secretary of State **DIVISION OF CORPORATIONS** 

1998

N97000004772 (6)

DOCUMENT # GREATER OCALA PACHYDERM CLUB, INC. Principal Place of Business Mailing Address P. O. BOX 4367 P. O. BOX 4367 3. Date Incorporated or Qualified OCALA FL 34478-4367 OCALA FL 34478-4367 08/21/1997 4. FEI Number Applied For Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 Added to Fees 27 Trust Fund Contribution City & State City & State 7. Is this nonprofit corporation a homeowners association? **№** No 23 28 ☐ Yes Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name YOUNG, IVAN F 62 Street Address (P.O. Box Number is Not Acceptable) 524 SE 61ST CT. 83 OCALA FL 34472-3338 R4 City 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 Fiorida. 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. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 IVan F. Young President 1.1 TITLE ID Change Addition TITLE 1.2 NAME Ivan F. Young NAME 524 SG 61 CT 524 SE 61 CT STREET ADDRESS 1.3 STREET ADDRESS ocala FL 34472 Scala FL 34472 CITY-\$T-ZIP 1.4 City-St-ZiP DELETE Change Addition Vice President 21 TITLE TITLE VP /D RON CRAWford NAME 2.2 NAME Konald Crawford 2819 NE 32 PL STREET ADDRESS 2.3 STREET ADDRESS Ocala FL 34479 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Sec/D ☐ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME Jean Young 524 SEGICE lean Young 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP Ocala FC 34472 CITY-ST-ZIP DELETE Change ☐ Addition Treas/D TITLE TReas. /D 4.1 TITLE 4.2 NAME Tohn W Westbrook John W. Westbrook STREET ADDRESS 4.3 STREET ADDRESS PO BOX 1076 PO BOX 1076 4.4 Ofty - ST- 7IP CITY-ST-ZIP Silver Springs Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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.

6.4 CITY - ST - ZIP

CITY-ST-ZIP

4 07 00

FILED

May 28 1998 8:00am

Secretary of State