

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
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90027 021 ****61.25

DOCUMENT # N97000004971

1. Corporation Name

OAKLAND GAZETTE, INC.

Principal Place of Business

301 N TUBB ST. BOX 881
OAKLAND FL 34760

Mailing Address

P.O BOX 881
OAKLAND FL 34760
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/03/1997

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

4. FEI Number

59-3467301

Applied For

Not Applicable

22

City & State

27

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

Zip

Country

28

Zip

Country

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VANDER LEY, JON
301 N TUBB ST
OAKLAND FL 34760

81 Name

Vanderley (no space)

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 PC ☒ DELETE
NAME LEY, JOHN VANDER
STREET ADDRESS 109 W HULL
CITY-ST-ZIP OAKLAND FL

1.1 TITLE PC ☐ Change ☒ Addition
1.2 NAME Shepherd, Fred W.
1.3 STREET ADDRESS 315 E. Henschen Ave.
1.4 CITY-ST-ZIP Oakland, FL 34760

TITLE VD ☒ DELETE
NAME GERACI, ANTHONY
STREET ADDRESS 409 E HENSCHEN
CITY-ST-ZIP OAKLAND FL

2.1 TITLE VD ☐ Change ☒ Addition
2.2 NAME Tietz, Robert
2.3 STREET ADDRESS 301 N. Tubb Street
2.4 CITY-ST-ZIP Oakland, FL 34760

TITLE TD ☒ DELETE
NAME CARTER, PAUL
STREET ADDRESS 15722 OAKLAND AVE
CITY-ST-ZIP OAKLAND FL

3.1 TITLE TD ☐ Change ☒ Addition
3.2 NAME Geraci, Anthony
3.3 STREET ADDRESS 409 E. Henschen Ave.
3.4 CITY-ST-ZIP Oakland, FL 34760

TITLE SD ☒ DELETE
NAME CARTER, PHILLIS
STREET ADDRESS 15722 OAKLAND AVE
CITY-ST-ZIP OAKLAND FL

4.1 TITLE SD ☐ Change ☒ Addition
4.2 NAME Dudzinski, Janice K.
4.3 STREET ADDRESS 304 Edgegrove Lane
4.4 CITY-ST-ZIP Oakland, FL 34760

TITLE D ☒ DELETE
NAME HAMMERSTEIN, JOHN
STREET ADDRESS 306 N ARRINGTON
CITY-ST-ZIP OAKLAND FL

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Satterfield, Michael
5.3 STREET ADDRESS 401 Daniels Street
5.4 CITY-ST-ZIP Oakland, FL 34760

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janice K. Dudzinski

4-14-99

407 877-7097

Date

Daytime Phone #

CR2E037 (11/98)