


FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90001 034 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000000424

f. Corporation Name

OCALA RUNNERS CLUB, INC.

* 3 7 3 9 3 6 - 9 0 0 0 1 - 0 3 4 *

Principal Place of Business

321 NORTHWEST THIRD AVE.
OCALA FL 34475

Mailing Address

P.O. BOX 5621
OCALA FL 34478

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/23/1998 8213	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		592-16-8213	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24		25		29	
30					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOPER, MICHAEL J
 321 NORTHWEST THIRD AVE.
 Ocala FL 34475

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERNER, BETTY	1.2 NAME	Michael J. Cooper
STREET ADDRESS	1136 SOUTHEAST 18TH AVE.	1.3 STREET ADDRESS	321 Northwest Third Avenue
CITY-ST-ZIP	OCALA FL 34471	1.4 CITY-ST-ZIP	Ocala, Florida 34475
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Treasurer/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PONDER, ART	2.2 NAME	Nancy Kirk
STREET ADDRESS	1305 SOUTHEAST 16TH ST.	2.3 STREET ADDRESS	1124 Southeast 7th Street
CITY-ST-ZIP	OCALA FL 34471	2.4 CITY-ST-ZIP	Ocala, Florida 34471
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUTT, DAN	3.2 NAME	Gail Akin
STREET ADDRESS	3279 NORTHEAST 33RD AVE.	3.3 STREET ADDRESS	2001 Southeast 47th Avenue
CITY-ST-ZIP	OCALA FL 34470	3.4 CITY-ST-ZIP	Ocala, Florida 34471
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)