

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N98000000424

1. Entity Name
OCALA RUNNERS CLUB, INC.



Principal Place of Business
321 NORTHWEST THIRD AVE.
OCALA, FL 34475

Mailing Address
P.O. BOX 5621
OCALA, FL 34478

FILED

04 FEB -4 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2168213

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME COOPER, MICHAEL J
STREET ADDRESS 321 NORTHWEST THIRD AVENUE
CITY-ST-ZIP Ocala, FL 34475

TITLE SD
NAME LEONARD, TROY
STREET ADDRESS 4701 S.E. 40 CT.
CITY-ST-ZIP Ocala, FL 34480

TITLE D
NAME HILL, MIKE
STREET ADDRESS 6700 S.W. 12 CT.
CITY-ST-ZIP Ocala, FL 34471

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000030931840
03/23/04--01069--001 **\$61.25

~~03/23/04--01069--001 **\$61.25~~

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael P. Hill MICHAEL P. HILL 1-7-04 3528610440