2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N98000000424

1. Entity Name

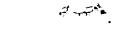
OCALA RUNNERS CLUB, INC.



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

SECRETART UPSTATE TALLAHASSEE, FLORIDA



01072004 No Chg-NP

CR2E037 (10/03)

4. FEI Number 59-2168213	-	Applied For Not Applicable
5. Certificate of Status Desired	\$8.7	5 Additional

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

OCALA, FL 34475			IN THIS SPACE		
	e named entity submits this statement for the tions of registered agent.	purpose of changing its register	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and titl	e if applicable. (NOTE: Registere	d Agent signature	e required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2004	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRE	ECTORS	I	(7)	10020921040
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD COOPER, MICHAEL J 321 NORTHWEST THIRD AVENUE OCALA, FL 34475 SD LEONARD, TROY			03723 2/10	00030931840 /0401069001 **61.25 /24>01262-001 #36425
STREET ADDRESS CITY-ST-ZIP TITLE	4701 S.E. 40 CT. OCALA, FL 34480		-		
NAME STREET ADDRESS CITY-ST-ZIP	HILL, MIKE 6700 S.W. 12 CT. OCALA, FL 34471		هکد خین ریسی	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			- - - - -		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby indicated	certify that the information supplied with this d on this report or supplemental report is true	filing does not qualify for the exe	mption state ture shall hav	d in Section 119.07(3)(ve the same legal effec	(i), Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director

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 aggress. With all others, like empowered.

SIGNATURE:

TURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAEL P. HILL 1-7-04

Daytime Phone #