


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90023 018 ****61.25

| | | | | | |
|--|-------------------|---|--|---|--|
| 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 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number 59-2168213 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent - COOPER, MICHAEL J 321 NORTHWEST THIRD AVE. OCALA, FL 34475 | | | 7. Name and Address of Now Registered Agent - Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete | TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEONARD, TROY | | NAME | HILL, FRED | |
| STREET ADDRESS | 4701 S.E. 40 CT. | | STREET ADDRESS | 2840 SE 25TH TERR. | |
| CITY-ST-ZIP | OCALA, FL 34480 | | CITY-ST-ZIP | OCALA, FL 34471 | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HILL, MIKE | | NAME | | |
| STREET ADDRESS | 6700 S.W. 12 CT. | | STREET ADDRESS | | |
| CITY-ST-ZIP | OCALA, FL 34471 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | KAY, CHRISTIE | | NAME | | |
| STREET ADDRESS | 2470 SW 7TH AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | OCALA, FL 34474 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | COLLINS, MIKE | | NAME | | |
| STREET ADDRESS | 1910 NE 49TH AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | OCALA, FL 34470 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SWEET, JON | | NAME | GREG MILLER | |
| STREET ADDRESS | 1123 SE 24TH TERR | | STREET ADDRESS | 3425 NE 10TH ST. RD. | |
| CITY-ST-ZIP | OCALA, FL 34471 | | CITY-ST-ZIP | ANTHONY, FL 32617 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | JON SWEET | |
| STREET ADDRESS | | | STREET ADDRESS | 1123 SE 24TH TERR | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | OCALA, FL 34471 | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Michael J. Hill</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 1-24-06 352 861 0440 <small>Date Daytime Phone #</small> | | |