## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 26, 2007 8:00 am Secretary of State

DOCUMENT # N9800000424  1. Entity Name OCALA RUNNERS CLUB, INC.					01-26-2007 90044 009 ****61.25					
321 NORTHWEST THIRD AVE. P.O.		Mailing Address P.O. BOX 5621 OCALA, FL 34478	P.O. BOX 5621							
2. Principal Place of Business - No P.O. Box # 3. N		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01222007	Chg-NP	CR2E	037 (12/06)		
City & State		City & State	City & State		4. FEI Number Applied For 59-2168213 Not Applicable				<u> </u>	
Zip	Country	Zip	Country		5. Certificate	of Status Desir	ed 🗌	\$8.75 Add		
	6Name and Address of Curren	t Registered Agent	Name	1	7. Name and	Address of N	ew Registera	d Agent		
COOPER, MICHAEL J										
	HWEST THIRD AVE.		Street Address (			(P.O. Box Number is Not Acceptable)				
			City					■ Zip Code	ė	
<del></del>							F	<u> </u>		
	named entity submits this statement fi ions of registered agent.	or the purpose of changing its	registered office o	r registere	id agent, or bot	h, in the State	of Florida. Tar	n familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable (NOTI	E Registered Agent signa	lure required w	yhen reinstating)		DATE			
Filing Fee is \$61.25  9. Election Campaign Financing										
	Filing Fee is \$61.25				\$5.00 May Be	e		ck payable t		
	Due by May 1, 2007	Trust Fund (	Contribution.	ر ليا	\$5.00 May Bo		Florida Dep	artment of St	tate	
10. IIILE	•	Trust Fund (	20ntribution.	AI	\$5.00 May Bo Added to Fees DDITIONS/CHA	ANGES TO OF	Florida Dep	DIRECTORS IN	tate	
10. TITLE NAME	Due by May 1, 2007 OFFICERS AND D	Trust Fund (	Contribution.	AI	\$5.00 May Bo Added to Fees DDITIONS/CHA	ANGES TO OF	Florida Dep	DIRECTORS IN	tate	
TITLE NAME STREET ADDRESS	OFFICERS AND D PD HILL, FRED 2840 SE 25TH TERR	Trust Fund (	11. IIILE NAME STREET ADDRESS	AI	\$5.00 May Bo Added to Fees DDITIONS/CHA	ANGES TO OF	Florida Dep	DIRECTORS IN	tate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2007  OFFICERS AND D  PD HILL, FRED 2840 SE 25TH TERR OCALA, FL 34471	Trust Fund C	11. IIILE NAME STREET ADDRESS CITY-ST-ZIP	AI	\$5.00 May Bo	ANGES TO OF	Florida Dep	DIRECTORS IN Change	tate I 10 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2007  OFFICERS AND D  PD HILL, FRED 2840 SE 25TH TERR OCALA, FL 34471 TD	Trust Fund (	2 11.  IIILE  NAME  STREET ADDRESS  CITY-SI-ZIP  IIILE	AI	\$5.00 May Bo Added to Fees DDITIONS/CHA	ANGES TO OF	Florida Dep	DIRECTORS IN	tate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2007  OFFICERS AND D  PD HILL, FRED 2840 SE 25TH TERR OCALA, FL 34471	Trust Fund C	11. IIILE NAME STREET ADDRESS CITY-ST-ZIP	AI	\$5.00 May Bo Added to Fees DDITIONS/CHA	ANGES TO OF	Florida Dep	DIRECTORS IN Change	tate I 10 Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2007  OFFICERS AND D  PD HILL, FRED 2840 SE 25TH TERR OCALA, FL 34471  TD HILL, MIKE 6700 S.W. 12 CT. OCALA, FL 34471	Trust Fund C	200 Tribution.  11.  IIILE  NAME  STREET ADDRESS  CITY-SI-ZIP  IIILE  NAME	AI	\$5.00 May Bo Added to Fees DDITIONS/CHA	ANGES TO OF	Florida Dep	DIRECTORS IN Change	tate I 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2007  OFFICERS AND D  PD HILL, FRED 2840 SE 25TH TERR OCALA, FL 34471  TD HILL, MIKE 6700 S.W. 12 CT. OCALA, FL 34471 D	Trust Fund C	20 TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	AI	\$5.00 May Bo Added to Fees DDITIONS/CHA	ANGES TO OF	Florida Dep	DIRECTORS IN Change	tate I 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2007  OFFICERS AND D  PD HILL, FRED 2840 SE 25TH TERR OCALA, FL 34471  TD HILL, MIKE 6700 S.W. 12 CT. OCALA, FL 34471  D KAY, CHRISTIE	Trust Fund C	20 Contribution.  11.  IIILE NAME STREET ADDRESS CITY-SI-ZIP  IIILE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME	AI	\$5.00 May Bo Added to Fees DDITIONS/CHA	ANGES TO OF	Florida Dep	DIRECTORS IN Change  Change	tate  I 10 Addition  Addition	
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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 phen-like empowered.

SIGNATURE: \_

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-07 3528610440

Daytime Phone