


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90026 002 \*\*\*\*61.25

<b>DOCUMENT # N98000000424</b> 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2168213</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  COOPER, MICHAEL J 321 NORTHWEST THIRD AVE. OCALA, FL 34475				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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)</small>	
<b>Filing Fee Is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HILL, FRED F <input type="checkbox"/> Delete 1210 SW 33RD AVE OCALA, FL 34474				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HILL, MIKE <input type="checkbox"/> Delete 6700 S.W. 12 CT. OCALA, FL 34471				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAY, CHRISTIE <input type="checkbox"/> Delete 2470 SW 7TH AVE OCALA, FL 34474				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLLINS, MIKE <input type="checkbox"/> Delete 1910 NE 49TH AVE OCALA, FL 34470				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, GREG <input type="checkbox"/> Delete 3425 NE 107TH ST RD ANTHONY, FL 32617				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SWEET, JON <input checked="" type="checkbox"/> Delete 1123 SE 24TH TERR OCALA, FL 34471				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FRANCK, PAUL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2324 SE 15th ST. OCALA, FL 34471				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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.					
<b>SIGNATURE:</b> <i>Michael J. Hill</i> <span style="float: right;">2-12-08 352 861-0440</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					