## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000000424

Entity Name: OCALA RUNNERS CLUB, INC.

FILED Jan 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

321 NORTHWEST THIRD AVE. 6700 SW 12TH CT. OCALA, FL 34475 OCALA, FL 34476

Current Mailing Address: New Mailing Address:

P.O. BOX 5621 OCALA, FL 34478

FEI Number: 59-2168213 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COOPER, MICHAEL J
321 NORTHWEST THIRD AVE.
OCALA, FL 34475 US
HILL, MICHAEL P
6700 SW 12TH CT.
OCALA, FL 34476 US

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.

SIGNATURE: MICHAEL P. HILL 01/23/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change( ) Addition

 Name:
 FRANCK, PAUL
 Name:
 BLAES, BILL

 Address:
 2324 SE 15TH ST
 Address:
 3905 SE 47TH ST.

 City-St-Zip:
 OCALA, FL 34471
 City-St-Zip:
 OCALA, FL 34480

Title: TD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 HILL, MIKE
 Name:

 Address:
 6700 S.W. 12 CT.
 Address:

 City-St-Zip:
 OCALA, FL 34471
 City-St-Zip:

 $\label{eq:time_def} \mbox{Title:} \qquad \mbox{D} \qquad \mbox{(X) Delete} \qquad \mbox{Title:} \qquad \mbox{() Change () Addition}$ 

 Name:
 KAY, CHRISTIE
 Name:

 Address:
 2470 SW 7TH AVE
 Address:

 City-St-Zip:
 OCALA, FL 34474
 City-St-Zip:

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 COLLINS, MIKE
 Name:

 Address:
 1910 NE 49TH AVE
 Address:

 City-St-Zip:
 OCALA, FL 34470
 City-St-Zip:

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 MILLER, GREG
 Name:

 Address:
 3425 NE 107TH ST RD
 Address:

 City-St-Zip:
 ANTHONY, FL 32617
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL P. HILL T/S 01/23/2009