

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 722870

**Entity Name:** GREATER OCALA DOG CLUB, INC.

**Current Principal Place of Business:**

10205 NW GAINESVILLE RD  
OCALA, FL 34482

**Current Mailing Address:**

P.O BOX 1253  
OCALA, FL 34478 US

**FEI Number:** 59-1581117

**Certificate of Status Desired:** No

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

WILSON, VIOLETTE A  
14390 NE 47TH AVE  
ANTHONY, FL 32617 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BRASCO, PHILLIP  
Address        7 LAKE WOOD CIRCLE  
City-State-Zip: Ocala FL 34482

Title            VP  
Name            CAMPBELL, ROBERTA  
Address        8685 E SW 95 ST.  
City-State-Zip: Ocala FL 34481

Title            SECRETARY  
Name            HALL, BARBARA  
Address        PO BOX 772623  
City-State-Zip: Ocala FL 34477

Title            TREASURER  
Name            FULLAM, SHIRLEY  
Address        3711 SW 7TH AVE RD  
City-State-Zip: Ocala FL 34471

Title            DIRECTOR  
Name            WILSON, VIOLETTE A  
Address        14390 NE 47TH AVE  
City-State-Zip: ANTHONY FL 32617

Title            DIRECTOR  
Name            ARBUCKLE, JACQUELINE  
Address        14185 NW GAINESVILLE RD  
City-State-Zip: REDDICK FL 32686

Title            DIRECTOR  
Name            GARBER, JERRY L  
Address        PO BOX 283  
City-State-Zip: CITRA FL 32113-0283

Title            DIRECTOR  
Name            LENOBEL, BRIAN  
Address        3300 NW 165TH ST  
City-State-Zip: CITRA FL 32113

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*I hereby 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 all other like empowered.*

**SIGNATURE:** SHIRLEY FULLAM

**TREASURER**

**04/10/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            LYSHER, LINDA  
Address        PO BOX 770356  
City-State-Zip: OCALA FL 34477