#### **2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 755581** 

Entity Name: HISTORIC OCALA PRESERVATION SOCIETY, INC.

FILED
Mar 01, 2021
Secretary of State
0454308927CC

## **Current Principal Place of Business:**

712 SE FORT KING STREET OCALA, FL 34471

## **Current Mailing Address:**

712 SE FORT KING STREET OCALA, FL 34471 US

FEI Number: 59-2062769 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

STAFFORD, PAMELA 712 SE FORT KING STREET OCALA, FL 34471 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: PAMELA STAFFORD 03/01/2021

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title SECRETARY Title TREASURER

Name PERRY, RICK Name PHILLIPS, DENNIS

Address 720 SE FORT KING STREET Address 931 SE FORT KING STREET

City-State-Zip: OCALA FL 34471 City-State-Zip: OCALA FL 34471

Title DIRECTOR Title **PRESIDENT** Name ANKER, LINDA Name STOOTHOFF, BRIAN Address 930 SE 5TH STREET Address 712 SE FORT KING STREET OCALA FL 34471 City-State-Zip: City-State-Zip: OCALA FL 34471

Title DIRECTOR Title DIRECTOR

Name THOMAS, SUZANNE Name LUCAS, CARYL

Address 706 SE 9TH AVENUE Address 3196 NE 26TH TERRACE

City-State-Zip: OCALA FL 34471 City-State-Zip: OCALA FL 34479

Title DIRECTOR Title DIRECTOR

Name JENKINS, R.J. Name MILLER, PENNY

Address 1140 SE FORT KING STREET Address 1232 SE FORT KING STREET

City-State-Zip: OCALA FL 34471 City-State-Zip: OCALA FL 34471

# Continues on page 2

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: PAMELA STAFFORD DIRECTOR 03/01/2021

Electronic Signature of Signing Officer/Director Detail

Date

### Officer/Director Detail Continued:

**DIRECTOR** Title

WILLIAMS, DIANA Name

Address 1330 SE 15TH AVENUE

City-State-Zip: OCALA FL 34471

Title **DIRECTOR** Name WILSON, LINK

839 SE 5TH STREET Address

City-State-Zip: OCALA FL

Title DIRECTOR

BERRY, GIORGIO Name

712 SE FORT KING STREET Address

City-State-Zip: OCALA FL 34471

Title DIRECTOR

Name FANNON, ROBIN

Address 712 SE FORT KING STREET

City-State-Zip: OCALA FL 34471

**DIRECTOR** Title

Name HOWARD, STEPHANIE

Address 712 SE FORT KING STREET

City-State-Zip: OCALA FL 34471

Title DIRECTOR

Name

KIRK, SARAH 712 SE FORT KING STREET Address

City-State-Zip: OCALA FL 34471

Title **DIRECTOR** 

Name STAFFORD, PAMELA

Address 712 SE FORT KING STREET

City-State-Zip: OCALA FL 34471

Title **DIRECTOR** KERLEY, LILA Name

Address 1214 SE 7TH STREET City-State-Zip: OCALA FL 34471

Title DIRECTOR, VP Name WALKUP, RHODA Address 1527 SE 11TH STREET

City-State-Zip: OCALA FL

Title **DIRECTOR** 

Name CARACCIOLA, BRYAN

Address 712 SE FORT KING STREET

City-State-Zip: OCALA FL 34471

Title **DIRECTOR** 

Name GALLAWAY, SEAN

Address 712 SE FORT KING STREET

City-State-Zip: OCALA FL 34471

Title **DIRECTOR** 

Name KILGORE, PATRICIA

Address 712 SE FORT KING STREET

City-State-Zip: OCALA FL 34471

Title **DIRECTOR** 

Name YOCUM, HOLLY

712 SE FORT KING STREET Address

City-State-Zip: OCALA FL 34471