

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755581

Entity Name: HISTORIC OCALA PRESERVATION SOCIETY, INC.**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

02/20/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VICE PRESIDENT
Name PERRY, RICK
Address 720 SE FORT KING STREET
City-State-Zip: Ocala FL 34471

Title TREASURER
Name PHILLIPS, DENNIS
Address 931 SE FORT KING STREET
City-State-Zip: Ocala FL 34471

Title PRESIDENT
Name STAFFORD, PAMELA
Address 7150 SW 19TH AVENUE ROAD
City-State-Zip: Ocala FL 34476

Title SECRETARY
Name STOOHOFF, BRIAN
Address 722 SE THIRD STREET
City-State-Zip: Ocala FL 34471

Title DIRECTOR
Name BRADFORD, LAURA
Address 222 SE WENONA AVENUE
City-State-Zip: Ocala FL 34471

Title DIRECTOR
Name ANKER, LINDA
Address 930 SE 5TH STREET
City-State-Zip: Ocala FL 34471

Title DIRECTOR
Name THOMAS, SUZANNE
Address 706 SE 9TH AVENUE
City-State-Zip: Ocala FL 34471

Title DIRECTOR
Name LUCAS, CARYL
Address 3196 NE 26TH TERRACE
City-State-Zip: Ocala FL 34470

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

PRESIDENT

02/20/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HAGOOD, JARL
Address 1026 SE 6TH PLACE
City-State-Zip: OCALA FL 34471

Title DIRECTOR
Name JENKINS, R.J.
Address 1140 SE FORT KING STREET
City-State-Zip: OCALA FL 34471

Title DIRECTOR
Name HARDING, PEG
Address 211 SE SANCHEZ AVENUE
City-State-Zip: OCALA FL 34471