

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 755581

**FILED**  
**Jun 22, 2020**  
**Secretary of State**  
**5867524157CC**

**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

06/22/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
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 VP  
Name STOOHOFF, BRIAN  
Address 722 SE THIRD STREET  
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 34479

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

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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:** PAMELA STAFFORD

PRESIDENT

06/22/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MILLER, PENNY  
Address 1232 SE FORT KING STREET  
City-State-Zip: OCALA FL 34471

Title DIRECTOR  
Name KERLEY, LILA  
Address 1214 SE 7TH STREET  
City-State-Zip: OCALA FL 34471

Title DIRECTOR  
Name GELLER, LEON  
Address 112 NE 7TH STREET  
City-State-Zip: OCALA FL 34470

Title DIRECTOR  
Name WALKUP, RHODA  
Address 1527 SE 11TH STREET  
City-State-Zip: OCALA FL

Title DIRECTOR  
Name WILLIAMS, DIANA  
Address 1330 SE 15TH AVENUE  
City-State-Zip: OCALA FL 34471

Title DIRECTOR  
Name BATCHELOR, RYAN  
Address 828 SE FORT KING STREET  
City-State-Zip: OCALA FL

Title DIRECTOR  
Name WILSON, LINK  
Address 839 SE 5TH STREET  
City-State-Zip: OCALA FL