

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90006 045 \*\*\*\*70.00



**DOCUMENT # N00038**  
1. Entity Name  
**OCALA CHAPTER 812, E.A.A., INC.**

Principal Place of Business  
**501-B FAIRWAYS LN  
OCALA FL 34471  
US**

Mailing Address  
**501-B FAIRWAYS LN  
OCALA FL 34471  
US**

77010000



MOORE CR2E037 (11/03)

2. Principal Place of Business  
**5303 SE 35 COURT**

3. Mailing Address  
**5303 SE 35 CT**

Suite, Apt. #, etc.

City & State  
**OCALA, FL**

City & State  
**OCALA, FL**

4. FEI Number  
**59-3363746**

Applied For  
 Not Applicable

Zip  
**34480**

Country  
**USA**

Zip  
**34480**

Country  
**USE**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WEAVER, FREDERICK G  
8780 SE 70TH TERR  
OCALA FL 34472**

7. Name and Address of New Registered Agent  
Name  
**FIELDHOUSE, WAYNE**  
Street Address (P.O. Box Number is Not Acceptable)  
**8750 SE 70TH TERR**  
City  
**OCALA, FL** FL Zip Code  
**34472**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **WARREN W. FIELDHOUSE** **Warren W. Fieldhouse** **Feb 8 '04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
T NAME STREET ADDRESS CITY-ST-ZIP	<b>HINES WILLIAM</b> <b>501B FAIRWAYS LANE</b> <b>OCALA FL 34472</b> <input checked="" type="checkbox"/> Delete
P NAME STREET ADDRESS CITY-ST-ZIP	<b>GRIGGIN, BUD</b> <b>6330 SW 82ND PLACE</b> <b>OCALA FL 34476</b> <input checked="" type="checkbox"/> Delete
D NAME STREET ADDRESS CITY-ST-ZIP	<b>EKBERG, SCOTT H.</b> <b>5303 SE 35TH COURT</b> <b>OCALA FL 34480</b> <input type="checkbox"/> Delete
PD NAME STREET ADDRESS CITY-ST-ZIP	<b>WEAVER, FREDERICK G</b> <b>8780 SE 70TH TERRACE</b> <b>OCALA FL 34472</b> <input type="checkbox"/> Delete
VP NAME STREET ADDRESS CITY-ST-ZIP	<b>SEXTON, CHUCK</b> <b>5350 NW 125TH ST RD</b> <b>REDDICK FL 32686</b> <input checked="" type="checkbox"/> Delete
S NAME STREET ADDRESS CITY-ST-ZIP	<b>GRIFFIN, SANDRA</b> <b>6330 SW 82ND PLACE</b> <b>OCALA FL 34476</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
D NAME STREET ADDRESS CITY-ST-ZIP	<b>SCHOELER, GEORGE</b> <b>8930 SE 72 AVE</b> <b>OCALA, FL. 34472</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
FP NAME STREET ADDRESS CITY-ST-ZIP	<b>FIELDHOUSE, WAYNE</b> <b>8750 SE 70TH TERR</b> <b>OCALA, FL 34472</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
T NAME STREET ADDRESS CITY-ST-ZIP	<b>EKBERG, SCOTT H.</b> <b>5303 SE 35 COURT</b> <b>OCALA, FL. 34480</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME STREET ADDRESS CITY-ST-ZIP	<b>WEAVER, FREDERICK G</b> <b>8780 SE 70 TERRACE</b> <b>OCALA, FL 34472</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VP NAME STREET ADDRESS CITY-ST-ZIP	<b>FRANTZ, DONNA</b> <b>8 ASH TRAIL</b> <b>OCALA, FL 34472</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D NAME STREET ADDRESS CITY-ST-ZIP	<b>MURPHY, SAM</b> <b>2715 SE 48 TH STREET</b> <b>OCALA, FL. 34480</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Scott H. Ekberg** **SCOTT H. EKBERG** **02/08/04** **352-732-3013**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #