


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90232 040 \*\*\*\*70.00

<b>DOCUMENT # N00038</b>					
1. Entity Name OCALA CHAPTER 812, E.A.A., INC.					
Principal Place of Business 5303 SE 35 COURT OCALA, FL 34480 US			Mailing Address 5303 SE 35 COURT OCALA, FL 34480 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FIELDHOUSE, WAYNE 8750 SOUTHEAST 70 TERRACE OCALA, FL 34472				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHOELER, GEORGE		NAME	KRAL, GERARD	
STREET ADDRESS	8930 SE 72 AVE		STREET ADDRESS	8860 SE 72 AVE	
CITY-ST-ZIP	OCALA, FL 34472		CITY-ST-ZIP	OCALA, FL. 34472	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIELDHOUSE, WAYNE		NAME		
STREET ADDRESS	8750 SOUTHEAST 70 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34472		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EKBERG, SCOTT H		NAME		
STREET ADDRESS	5303 SE 35 COURT		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34480		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, FREDERICK G		NAME		
STREET ADDRESS	8780 SE 70 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34472		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANTZ, DONNA		NAME	WALBRUN, JERRY	
STREET ADDRESS	8 ASH TRAIL		STREET ADDRESS	8520 SE 72 AVE	
CITY-ST-ZIP	OCALA, FL 34472		CITY-ST-ZIP	OCALA, FL 34472	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURPHY, SAM		NAME	FAUREAU, PAUL H.	
STREET ADDRESS	2715 SE 48TH STREET		STREET ADDRESS	2251 NE 19 AVE LOT 16	
CITY-ST-ZIP	OCALA, FL 34480		CITY-ST-ZIP	OCALA, FL	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Scott H. Elberg</u>			Date: <u>3/7/06</u>		Daytime Phone #: <u>352-732-3013</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					