


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90039 022 ****70.00

DOCUMENT # N00038					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3363746	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 FIELDHOUSE, WAYNE		
			Street Address (P.O. Box Number is Not Acceptable) 9454 SE 70 TERRACE		
			City OCALA		
			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		SCOTT H. EKBERG		TREASURER	
<i>Scott H. Ekberg</i>				2/16/07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAL, GERARD		NAME		
STREET ADDRESS	8860 SE 72 AVE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34472		CITY-ST-ZIP		
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 type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALBRUN, JERRY		NAME		
STREET ADDRESS	8520 SE 71 AVE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34472		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAUREAU, PAUL N		NAME	FAVREAU, PAUL H.	
STREET ADDRESS	2251 NE 19 AVE. LOT 16		STREET ADDRESS	2251 NE 19 AVE LOT 16	
CITY-ST-ZIP	OCALA, FL 34480		CITY-ST-ZIP	OCALA, FL 34470	
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:		SCOTT H. EKBERG		TREASURER	
<i>Scott H. Ekberg</i>				2/16/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
				352-268-5363	