

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00038

**Entity Name:** OCALA CHAPTER 812, E.A.A., INC.

**Current Principal Place of Business:**

4168 NW 152ND ST  
REDDICK, FL 32686

**Current Mailing Address:**

PO BOX 184  
REDDICK, FL 32686

**FEI Number: 59-3363746**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LAW, ROBERT RJR  
4168 NW 152ND ST  
REDDICK, FL 32686 US

**FILED**  
**Jan 02, 2015**  
**Secretary of State**  
**CC8266077539**

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            LAW, ROBERT RJR  
Address        4168 NW 152ND ST  
City-State-Zip: REDDICK FL 32686

Title            VP  
Name            FIELDHOUSE, WAYNE  
Address        9454 SE 70TH TERR  
City-State-Zip: OCALA FL 34472

Title            SECRETARY  
Name            SCHMIDT, PATRICIA  
Address        7100 SW 19TH PLACE  
City-State-Zip: OCALA FL 34474

Title            TREASURER  
Name            EKBERG, SCOTT  
Address        5303 SE 35TH CT.  
City-State-Zip: OCALA FL 34480

Title            D  
Name            SEBEXEN, RALPH  
Address        8927 SE 72ND  
City-State-Zip: OCALA FL 34472

Title            D  
Name            FRANTZ, DONNA  
Address        8 ASH TRAIL  
City-State-Zip: OCALA FL 34472

*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: ROBERT LAW**

**PRESIDENT**

**01/02/2015**

Electronic Signature of Signing Officer/Director Detail

Date