

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00038

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

**Current Principal Place of Business:**

5355 SW 176TH AVE  
DUNNELLON, FL 34432

**Current Mailing Address:**

5355 SW 176TH AVE  
DUNNELLON, FL 34432 US

**FEI Number:** 59-3363746

**Certificate of Status Desired:** No

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

PALFREY, KRISTINE LYNN  
5355 SW 176TH AVE  
DUNNELLON, FL 34432 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:** KRISTINE LYNN PALFREY

01/27/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            PALFREY , KRISTINE LYNN  
Address        5355 SW 176TH AVE  
City-State-Zip: DUNNELLON FL 34432

Title            VP  
Name            MOORE, WILLIAM  
Address        8950 SE 70 TER  
City-State-Zip: OCALA FL 34472

Title            TREASURER, SECRETARY  
Name            DAVIS, JAMES  
Address        13750 SE 20TH ST  
City-State-Zip: MORRISTON FL 32668

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:** KRISTINE LYNN PALFREY

PRESIDENT

01/27/2024

Electronic Signature of Signing Officer/Director Detail

Date