

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 25, 1999 8:00am
Secretary of State

01-25-1999 90018 043 *****70.00

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N00038

1. Corporation Name

OCALA CHAPTER 812, E.A.A., INC.

Principal Place of Business

5551 SE 33RD AVE
 Ocala FL 34480
 US

Mailing Address

5551 SE 33RD AVE
 Ocala FL 34480
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

11/29/1983

4. FEI Number

59-3363746

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

EKBERG, SCOTT H.
 5551 SE 33RD AVE
 Ocala FL 34480

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE

NAME HINES WILLIAM
 STREET ADDRESS 501B FAIRWAYS LANE
 CITY-ST-ZIP Ocala FL 34472

TITLE D DELETE

NAME NICHOLS, CARMAN
 STREET ADDRESS P.O. BOX 536 N/A
 CITY-ST-ZIP Ocala FL

TITLE TD DELETE

NAME EKBERG, SCOTT H.
 STREET ADDRESS 5551 SE 33RD AVE
 CITY-ST-ZIP Ocala FL 34480

TITLE PD DELETE

NAME TORRES, MIGUEL
 STREET ADDRESS 15371 SE 25TH TERRACE
 CITY-ST-ZIP SUMMERFIELD FL 34491

TITLE VD DELETE

NAME TATJE, DAVID
 STREET ADDRESS 213 EASTRIDGE DR
 CITY-ST-ZIP EUSTIS FL 32726

TITLE SD DELETE

NAME WEAVER, FREDRICK
 STREET ADDRESS 8780 SE 70TH TERRACE
 CITY-ST-ZIP Ocala FL 34472

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Scott H. Ekberg* R50THERR EKBERG 01/06/99 352-687-5134
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)