

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000007583

**FILED**  
**Feb 05, 2020**  
**Secretary of State**  
**4324716544CC**

**Entity Name:** OCALA PRIDE INCORPORATED

**Current Principal Place of Business:**

14704 SW 23RD PL  
OCALA, FL 34481

**Current Mailing Address:**

P.O. BOX 1064  
OCALA, FL 34478 US

**FEI Number:** 26-0729575

**Certificate of Status Desired:** Yes

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

SMITH, PAULA KAY  
14704 SW 23RD PL  
OCALA, FL 34481 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:** PAULA K SMITH

02/05/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SMITH, PAULA KAY  
Address        14704 SW 23RD PL  
City-State-Zip: OCALA FL 34481

Title            VP  
Name            KARSCHNER, LYZ  
Address        16554 SE 103 AVE RD  
City-State-Zip: SUMMERFIELD FL 34491

Title            TREASURER  
Name            KATZ, CHARLOTTE  
Address        4540 SE 8TH ST  
City-State-Zip: OCALA FL 34471

Title            SERGEANT AT ARMS  
Name            ROSS, PORSHA  
Address        P.O. BOX 1064  
City-State-Zip: OCALA FL 34478

Title            DIRECTOR OF PUBLIC RELATIONS  
Name            SOTOMAYOR, JOHN  
Address        P.O. BOX 1064  
City-State-Zip: OCALA FL 34478

Title            EVENT DIRECTOR  
Name            ROSS, TIFFANY  
Address        P.O. BOX 1064  
City-State-Zip: OCALA FL 34478

Title            FUNDRAISING DIRECTOR  
Name            NEW, JAY  
Address        P.O. BOX 1064  
City-State-Zip: OCALA FL 34478

*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:** PAULA SMITH

**PRESIDENT**

02/05/2020

Electronic Signature of Signing Officer/Director Detail

Date