NONPROFIT CORPORATION ANNUAL REPORT

\_\_1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Feb 23, 1999 8:00 am § Secretary of State

**FILED** 

02-23-1999 90004 028 \*\*\*\*61.25

DOCUI 1. Corporation	MENT # 734520							
OCALA BIBLE CHAPEL, INC.					ļ	* 99170.90004.	28	
Principal Place of Business Mailing Address								
729 NE 2ND STREET OCALA FL 32670  729 NE 2ND STREET OCALA FL 32670  OCALA FL 32670								
2. Principal P	lace of Business	2a. Mailing Address				3. Date incorporated or Qualifed 12/05/1975		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				4. FEI Number		Applied For
22		27		- 1	59-2997910	9-2997910 Not Applicab		
City & State		City & State			5. Certificate of Status Desired	•	Additional Required	
3 28		<u> </u>	Country				<del></del>	
Zip 24	<del></del>	Country Zip Cou				6. Election Campaign Financing Trust Fund Contribution	-	O May Be d to Fees
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Regis	tered Agent	
			81	Name				
SUESS, JOHN JR.			82	Street	Addres	s (P.O. Box Number is Not Acceptable)		
6027 NW		83						
ALACHUA FL 32615			·					
			84	City			FL  85   Zi	p Code
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State or manifer with, and accept the obligation of the state o	ons of, Section 617.0503, Florida S	zed by tatutes	the corpo	oration'	ation submits this statement for the purps board of directors. I hereby accept the	ose of changing appointment as	registered
12,	OFFICERS AND		3.			ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	TORS IN 12
TITLE	PD	☐ DELETE 1.	1 TITLE				Chang	e 🗀 Addition
NAME	SUESS, JOHN, JR.	1.	2 NAME			mil a.		
STREET ADDRESS		1.	3 STREE	ADDRESS	6	027 N.W. 109TH PL.		}
CITY-ST-ZIP	ALACHUA FL	1.	4 CITY-S	T-ZIP			<u> </u>	
TITLE	VD .	☐ DELETE 2.	1 TITLE	_			☐ Chang	e Addition
NAME	SAUNDERS, ROBERT	SAUNDERS, ROBERT 22N						
STREET ADDRESS	2424 SE 12TH ST. 233		3 STREE	ADDRESS	ļ			ļ
CITY-ST-ZIP	99/15/112		4 CITY-S	T-ZIP				- Daddion
TITLE	·		1 TITLE			•	Chang	je
NAME	BARNARD, PAUL		2 NAME		ļ			
STREET ADDRESS	W E BOX VI			ADDRE\$\$				-
CITY-ST-ZIP			4. CITY-S 1 TITLE	aT-ZIP			☐ Chang	e Addition
TITLE			2 NAME					
NAME STREET ADDRESS	NYE, AL 411 NE 53 CT.			r address				
STREET ADDRESS	OCALA FL	i i	4 CITY-S					
TITLE	OUNDA I E		1 71TLE				Chang	je Addition
NAME		5.	2 NAME		Ī			
STREET ADDRESS		5.	3 STREE	TADDRESS				1
CITY-ST-ZIP		5.	4 СПҮ-S	T-ZIP				
TITLE		☐ DELETE 6.	1 TITLE				Chang	je 🔲 Addition
NAME		6.	2 NAME					
STREET ADDRESS		6.	3 STREE	TADORESS				
CITY-ST-ZIP		6.	4 CITY-S	T-ZIP	<u> </u>			

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: