2001 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 06, 2001 8:00 am Secretary of State **DOCUMENT # 734520** 1. Entity Name OCALA BIBLE CHAPEL, INC. 08-06-2001 90004 015 ****70.00 Principal Place of Business Mailing Address 729 NE 2ND STREET 729 NE 2ND STREET OCALA FL 32670 OCALA FL 32670 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2997910 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUESS, JOHN JR. O. Box Number is Not Acceptable) 6027 NW 109TH PLACE ALACHUA FL 32615 Zip Code 8. 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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to П After September 12, 2001, min. will be \$236.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE ☐ Addition NAME Suess, John, Jr. SAUNDERS, ROBERT L. NAME 6027 N.W. 109TH PL. STREET ADDRESS STREET ADDRESS 2424 S.E. 12th Street **CR2E037** CITY-ST-ZIP ALACHUA FL CITY-ST-ZIP OCALA, FL 34471 TITLE TITLE Delete VD SAUNDERS, ROBERT NAME NAME BERNARD, JOHN STREET ADDRESS 2424 SE 12TH ST. STREET ADDRESS 261 Marion Oaks Drive CITY-ST-ZIP- -OCALA FL CITY-ST: ZIP_---MARION OAKS FT 34473 TITLE Delete TITLE Addition BARNARD, PAUL NAME SHERWOOD, HOWARD STREET ADDRESS RT 2 BOX 574 STREET ADDRESS 8801A S.W. 92nd Street CITY-ST-ZIP **BUSHNELL FL** CITY-ST-ZIP OCALA, FL 34481 TITLE ☐ Delete ☐ Addition ☐ Change NYE, AL NAME 411 NE 53 CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

obert L. Saunder