2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 08, 2007 8:00 am **DOCUMENT # 734520 Secretary of State** 1. Entity Name 03-08-2007 90014 029 ****61.25 OCALA BIBLE CHAPEL, INC. Principal Place of Business Mailing Address 729 NE 2ND STREET 729 NE 2ND STREET **OCALA FL 34470** OCALA FL 34470 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-2997910 Not Applicable Zip Country 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 Name SAUNDERS, ROBERT L Street Address (P.O. Box Number is Not Acceptable) 2424 SE 12 STREET OCALA FL 34471 Zip Code FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE, IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Due By May 1, 2007 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. HILE ☐ Delete TITLE ☐ Change ■ Addition NAME SAUNDERS, ROBERT L NAME STREET ADDRESS STREET ADDRESS 2424 SE 12TH STREET CITY-ST-ZIP CITY-ST-7IP OCALA FL 34471 Delete TIME TD THE ☐ Change ☐ Addition NAME AULD, ARTHUR E NAME STREET ADDRESS 16930 SE 96 ST CHAPELWOOD CIRCLE STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP THE VILLAGES FL 32162 TATLE VD □ Delete BILE ☐ Change Addition NAME NAMI WEIR, GODFREY STREET ADDRESS STREET ADDRESS 573 SILVER COURSE CIRCLE CITY - ST- ZIP CITY-ST-ZIP OCALA FL 34472 ☑ Deleie ☐ Addition TITLE THILE SHERWOOD, HOWARD STREET ADDRESS STREET ADDRESS 8801 A SW 92ND STREET CHY-ST-7P CITY-ST-ZIP OCALA FL 34481 ☐ Change HILE ☐ Defete TITLE Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP ☐ Change ☐ Addition Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-78 CI1Y-S1-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the examptions contained in Section 119, 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 logal effect as if made under eath; that I am an efficer 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.

SIGNATURE: Robert L. Sambar Robert L. Sambar

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FILED