

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001678

FILED
Apr 29, 2007
Secretary of State

Entity Name: LOVE FELLOWSHIP CHRISTIAN CENTER OF OCALA, INC.

Current Principal Place of Business:

1510 NW 4TH ST
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

2905 SW 15TH ST.
OCALA, FL 34474

New Mailing Address:

FEI Number: 04-3794181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VICKERS, BOBBY
2905 SW 15TH ST.
OCALA, FL 34474 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VICKERS, BOBBY
Address: 2905 SW 15TH ST.
City-St-Zip: OCALA, FL 34474

Title: D () Delete
Name: VICKERS, DELORIS
Address: 2905 SW 15TH ST.
City-St-Zip: OCALA, FL 34474

Title: D () Delete
Name: VICKERS, CHRISSY
Address: 2905 SW 15TH ST.
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BOBBY VICKERS

D

04/29/2007

Electronic Signature of Signing Officer or Director

_____ Date