

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001678

FILED  
May 30, 2012  
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 (X)

**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  
Name: VICKERS, BOBBY  
Address: 2905 S.W. 15TH STREET  
City-St-Zip: OCALA, FL 34474

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

Title: D  
Name: ROBINSON, CHRISSY  
Address: 5001 S.W. 20TH STREET  
City-St-Zip: OCALA, FL 34474

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: BOBBY VICKERS

D

05/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date