


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90030 039 ****61.25

DOCUMENT # N06768					
1. Entity Name OCALA GRACE BRETHERN CHURCH INCORPORATED					
Principal Place of Business 6474 NE 7TH STREET OCALA, FL 34470 US			Mailing Address 6474 NE 7TH STREET OCALA, FL 34470 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2516658	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ANDRE, VANCE 3450 E. FORT KING STREET OCALA, FL 34470			Name Street Address (P.O. Box Number is Not Acceptable) 5450 E. Fort King Street City FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAXSON, RICHARD		NAME		
STREET ADDRESS	14655 NE 24TH PL		STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRINGS, FL 34488		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, PAUL R		NAME		
STREET ADDRESS	2340 NE 146TH AVE., LOT #6		STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRINGS, FL 34488		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDRE, VANCE		NAME		
STREET ADDRESS	5450 E. FORT KING STREET		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34470		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	DAVIS, Charles R	
STREET ADDRESS			STREET ADDRESS	3821 NE 19th Street Circle	
CITY-ST-ZIP			CITY-ST-ZIP	OCALA, FL 34470	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE: <u>Richard V. Maxson</u>			Date: <u>1-20-08</u>		Daytime Phone #: <u>(352) 625-3043</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
RICHARD V. MAXSON					

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