2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48894

FILED Jan 06, 2004 Secretary of State

Entity Name: UNITED PENTECOSTAL CHURCH OF OCALA, INC.

Surrent P	rincipal Place	of Business:	New Principal Place	e of Business:
1800 NE 8 DCALA, F				
Surrent N	lailing Address	::	New Mailing Addre	ss:
P.O. BOX DCALA, F	966 L 344780966 L	IS		
El Number	: 59-3121502	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and	d Address of Cu	ırrent Registered Agent:	Name and Address	of New Registered Agent:
WILLIAMS 1800 NE 8 DCALA, F				
	e named entity su e of Florida.	ubmits this statement for the	purpose of changing its register	ed office or registered agent, or both,
n the State	e of Florida.	ubmits this statement for the	purpose of changing its register	ed office or registered agent, or both,
n the State	e of Florida. [*] RE:	ubmits this statement for the		ed office or registered agent, or both, Date
n the State	e of Florida. [*] RE:	c Signature of Registered Ag	ent	
n the State	e of Florida. RE: Electronic S AND DIRECT	c Signature of Registered Ag ORS: Delete IAMS, PLACE RD.	ent	Date
n the State BIGNATUI DFFICER: ittle: lame: .ddress:	e of Florida. RE: Electronic S AND DIRECT PD () I C PATTON WILL 4565 S.E. 48TH OCALA, FL 3448	C Signature of Registered Ag ORS: Delete IAMS, PLACE RD. 30 Delete GTON,	ent ADDITIONS/CHANC Title: Name: Address:	Date GES TO OFFICERS AND DIRECTORS
n the State SIGNATUI DFFICER: itle: lame: ddress: city-St-Zip: itle: lame: ddress:	e of Florida. RE: Electronic S AND DIRECT PD () [C PATTON WILL 4565 S.E. 48TH OCALA, FL 3446 D () [THERON REMIN 2454 N W 57TH OCALA, FL	C Signature of Registered Ag ORS: Delete IAMS, PLACE RD. BO Delete GTON, PLACE	ent ADDITIONS/CHANC Title: Name: Address: City-St-Zip: Title: Name: Address:	Date GES TO OFFICERS AND DIRECTORS () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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: C. PATTON WILLIAMS PD 01/06/2004