

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000716

FILED
Feb 02, 2005
Secretary of State

Entity Name: CALVARY CHAPEL OF OCALA, INC.

Current Principal Place of Business:

212 S. MAGNOLIA AVE.
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6646
OCALA, FL 34478

New Mailing Address:

FEI Number: 59-3426713

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EWING, RODNEY E
212 S. MAGNOLIA AVE.
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: PSTD () Delete
Name: EWING, RODNEY E
Address: 6043 SE 126TH STREET
City-St-Zip: BELLEVIEW, FL 34420

Title: D () Delete
Name: ROSADO, ISRAEL
Address: 22408 OVERTURE CR.
City-St-Zip: BOCA RATON, FL 33428

Title: TD (X) Delete
Name: TYSON, ROBERT J
Address: 13870 SW 80TH STREET
City-St-Zip: DUNNELLON, FL 34432

Title: D () Delete
Name: O'BLÉNIS, FREDERICK G
Address: 9060 SW 91ST CIRCLE
City-St-Zip: OCALA, FL 34481

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:

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

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: RODNEY E. EWING

PSTD

02/02/2005

Electronic Signature of Signing Officer or Director

_____ Date