

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000716

FILED
Apr 16, 2009
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:

1105 SE SANCHEZ AVENUE
OCALA, FL 34480

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:

EWING, RODNEY E
6043 SE 126TH.
BELLEVIEW, FL 34480 US

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: _____

04/16/2009

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: NICHOLS, CORY
Address: 10965 SE 45TH AVENUE
City-St-Zip: BELLEVIEW, FL 34420

Title: D () Delete
Name: WHITE, ROSS
Address: 455 38TH AVENUE N.E.
City-St-Zip: ST. PETERSBURG, FL 33704

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: BRUCE, ALBERT
Address: 5038 SW 114TH STREET ROAD
City-St-Zip: OCALA, FL 34476

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: RODNEY E EWING

PSTD

04/16/2009

Electronic Signature of Signing Officer or Director

Date