

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703431

FILED  
May 01, 2007  
Secretary of State

**Entity Name:** HIGHLANDS BAPTIST CHURCH OF OCALA, FLORIDA, INC.

**Current Principal Place of Business:**

3530 S.E. FT. KING STREET  
OCALA, FL 344701202 US

**New Principal Place of Business:**

**Current Mailing Address:**

3530 S.E. FT. KING STREET  
OCALA, FL 344701202 US

**New Mailing Address:**

FEI Number: 59-0816083      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ALLAN, WILLIAM W  
3811 SE 24TH ST  
OCALA, FL 34471 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: TD ( ) Delete  
Name: ALLAN, WILLIAM W  
Address: 3811 SE 24TH STREET  
City-St-Zip: OCALA, FL 344715612

Title: TD ( ) Delete  
Name: CUNNINGHAM, ELMER L  
Address: 424 NE 37TH AVE  
City-St-Zip: OCALA, FL 34470

Title: TD ( ) Delete  
Name: GODWIN, DAVID  
Address: 4605 SE 48TH PL  
City-St-Zip: OCALA, FL 34480

**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:

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: WILLIAM W. ALLAN

TD

05/01/2007

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

\_\_\_\_\_  
Date