

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State

07-10-2006 90030 010 ****61.25

DOCUMENT # 705821

1. Entity Name
**CENTRAL CHRISTIAN CHURCH OF OCALA, FLORIDA,
INC.**



Principal Place of Business
**3010 NE 14TH ST
OCALA, FL 34470 US**

Mailing Address
**3010 NE 14TH ST
OCALA, FL 34470 US**

40057551



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07032006 Chg-NP CR2E037 (4/06)

4. FEI Number
59-1026535

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WISCO, RALPH O
1944 NE 7TH ST
OCALA, FL 34470**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 PD ☒ Delete
NAME KUHN, DAN
STREET ADDRESS 3050 SE 50TH PLACE
CITY-ST-ZIP OCALA, FL 34480

TITLE P, O ☐ Change ☒ Addition
NAME Mark Schad
STREET ADDRESS 3927 SW 89th Ave
CITY-ST-ZIP Ocala, FL 34481

TITLE SD ☒ Delete
NAME DYALS, BRIAN
STREET ADDRESS 5845 NE 4TH AVE
CITY-ST-ZIP OCALA, FL 34479

TITLE SD ☐ Change ☒ Addition
NAME Doug Deloach
STREET ADDRESS 1608 SE 7th St
CITY-ST-ZIP Ocala, FL 34471

TITLE TD ☐ Delete
NAME WISCO, RALPH
STREET ADDRESS 1944 NE 7TH ST.
CITY-ST-ZIP OCALA, FL 34470

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME LAND, BOBBY
STREET ADDRESS 911 NE 17TH AVE
CITY-ST-ZIP OCALA, FL 34470

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Ralph O. Wisco

Ralph O. Wisco, Treasurer

7/3/06

352-207-2765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Director
& Agent.*