

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705821

FILED  
Jan 19, 2009  
Secretary of State

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

**Current Principal Place of Business:**

3010 NE 14TH ST  
OCALA, FL 34470 US

**New Principal Place of Business:**

**Current Mailing Address:**

3010 NE 14TH ST  
OCALA, FL 34470 US

**New Mailing Address:**

**FEI Number:** 59-1026535

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WISCO, RALPH O  
1944 NE 7TH ST  
OCALA, FL 34470 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: VPD ( ) Delete  
Name: CURINGTON, DAN  
Address: 3421 NW 2ND AVE  
City-St-Zip: OCALA, FL 34475

Title: PD ( ) Delete  
Name: DYALSS, BRIAN  
Address: 8845 NE 4TH AVE  
City-St-Zip: OCALA, FL 34479

Title: TD ( ) Delete  
Name: WISCO, RALPH  
Address: 1944 NE 7TH ST.  
City-St-Zip: OCALA, FL 34470

Title: SD ( ) Delete  
Name: MCELFESE, SHAWN  
Address: 2719 NE 25TH STREET  
City-St-Zip: OCALA, FL 34470

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: PD (X) Change ( ) Addition  
Name: DYALS, BRIAN  
Address: 8845 NE 4TH AVE  
City-St-Zip: OCALA, FL 34479

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: RALPH O. WISCO

TD

01/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date