


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90100 040 \*\*\*\*61.25

<b>DOCUMENT # 711526</b>	
1. Entity Name <b>OLIVET BAPTIST CHURCH, INC., OCALA, FLORIDA</b>	

Principal Place of Business <b>8495 S. MAGNOLIA AVENUE OCALA FL 34476 US</b>	Mailing Address <b>8495 S. MAGNOLIA AVENUE OCALA FL 32676</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
Zip	Country
	<b>34476</b>
Country	

4. FEI Number <b>59-2375566</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>
<b>BUHL, JAMES D JR 7530 SW 38TH AVE OCALA FL 34476</b>

<b>7. Name and Address of New Registered Agent</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUHL, JIMMY</b>	NAME	
STREET ADDRESS	<b>7530 S.W. 38TH COURT</b>	STREET ADDRESS	<b>7530 S.W. 38 Avenue</b>
CITY - ST - ZIP	<b>OCALA FL</b>	CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ESCOBAR, KATHY</b>	NAME	
STREET ADDRESS	<b>411 SE 82 PLACE</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>OCALA FL 34480</b>	CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARKER, DAVID</b>	NAME	
STREET ADDRESS	<b>615 SE 43RD AVE.</b>	STREET ADDRESS	<b>4391 SE 6 Ave.</b>
CITY - ST - ZIP	<b>OCALA FL 34471</b>	CITY - ST - ZIP	<b>Ocala Fla 34480</b>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PHELPS, GARY JR</b>	NAME	
STREET ADDRESS	<b>2805 SE 80TH STREET</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>OCALA FL 34480</b>	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BATTEN, H.C.</b>	NAME	
STREET ADDRESS	<b>10980 SW 27TH AVE.</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>OCALA FL</b>	CITY - ST - ZIP	<b>34476</b>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHARDS, BRADLEY</b>	NAME	
STREET ADDRESS	<b>12945 SW 8TH AVENUE</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>OCALA FL 34473</b>	CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Ruth Escobar 2/1/07 352-237-2918  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #