FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

722960

(2)

FAITH PRESBYTERIAN CHURCH OF OCALA, INC.

Principal Place	of Business	Mailing Address	Mailing Address				1011 21011 8101	I MENTE NIMIL	AIAII SIBII IMBI
600 SE 58TH AVE OCALA FL 34471		600 SE 58TH AVE OCALA FL 34471-3552							
US		U\$				3. Date Incorporated or Qualified 03/21/1972	3a. Date	of Last F)2/23/1	Report
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>			
21	doc or business	26			4. FEI Number Applied For Not Applied be				
Suite, Apt	¥, etc.	Suite, Apt. #, etc.			5 O-171-14 -150-14 - D-11-14			Additional	
22		27			5. Certificate of Status Desired		-	equired	
City & State		City & State			6. Election Campaign Financing	,		May Be	
23 Zip	Country	28 Zip	Country	.,		Trust Fund Contribution			to Fees
24	25	 	30	y		8. This corporation has liability for in Florida Statutes	ntangible ta Yes 🛣		3. 199.032,
	Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
			81	N	lame			***************************************	
GRAHAM, JOHN				s	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
	AST GLENEAGLES ROAD			L					
OCALA I	FL 34472		83						
			84	C	City			85 Zip	Code
11 Durament t	o the provinces of Costines C17 OFC	O and C17 1500 Florida Chabita				poration submits this statement for the p	<u>FL</u>		·
office or re	egistered agent, or both, in the State	of Florida. Such change was a	uthorized b	v th	e corporati	ion's board of directors. I hereby accep	urpose or c it the appoi	nanging i ntment as	its registered 3 registered
•	n familiar with, and accept the oblig	ations of, Section 617.0503, Flo	rida Statute	\$.					•
SIGNATURE _	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	Registered Ag	ent s	ignature require	ed when reinstating)	DATE		 .
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND I	DIRECTO	RS IN 12
TITLE	D	DELETE	1.1 TITLE				L	Change	☐ Addition
NAME	LAWSON, ART		1.2 NAME						
STREET ADDRESS	2411 SW 7TH AVENUE		1.3 STREE	T ADE	DRESS				
CITY-ST-ZIP TITLE	OCALA FL	DELETE	1.4 CITY-1	\$T - Z)P			7.05	
NAME	d Hunter, george R.	☐ Derese	2.1 TITLE 22 NAME				L.	_] Change	Addition
STREET ADDRESS	ACCOUNT OF COUNTY			2.3 STREET ADDRESS					
CITY-ST-ZIP	OURINGOGIC D. FI			2. 4 City-St-ZiP					
TITLE	D	DELETE	3.1 TITLE	<u></u>			L	Change	Addition
NAME	Graham, John		3.2 NAME						
STREET ADDRESS	226-D E GLENEAGLES RD.		3.3 STREE	T ADE	DRESS				
CITY-ST-ZIP	OCALA FL	- Delega	3.4. CHTY-	ST-2	ZIP				
TITLE		☐ DELETE	4.1 TITLE				L-	Change	Addition
NAME			4. 2 NAME						
STREET ADDRESS CITY-ST-ZIP			4.3 STREE		ı				
TITLE		☐ DELETE	4.4 CITY-: 5.1 TITLE	31-2	,,,,			Change	☐ Addition
NAME			5.2 NAME		İ		_		
STREET ADDRESS			5.3 STREE	T ADD	DAESS				
City-St-ZIP			5.4 CITY-	<u>st-2</u>	IP				
TITLE		☐ DELETE	6.1 TITLE				L	Change	Addition
NAME	,		6.2 NAME						
STREET ADDRESS			6.3 STREE	T ADE	DAESS				
CITY-ST-ZIP	or cortifu that the information as an in-	d with this fillian does not a self-	6.4 CITY-:			Lin Cootion 110 07/0/// Florido Control	م القريبة ا	- 41£ · 4L	
information	n indicated on this annual report or s	supplemental annual report is tr	ue and acc	urat	te and that	f in Section 119.07(3)(i), Florida Statuter my signature shall have the same lega t as required by Chapter 617, Florida S	l effect as if	f made ur	nder oath: that
appears if	гынык таштынык тупт спалдео, о	r on an attachment with an add	(688.						

SIGNATURE:

ATTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 13, 1997

Daytime Phone # 0065705

FILED

Jan 27 1997 8:00am

Secretary of State

L INDIAN MAGIN ALDIA MANA MANA RAKA BANI DIRIN SASIN ANDIA ALDIA AKAM BIRIN HADI