

DOCUMENT # 722960

1. Entity Name

FAITH PRESBYTERIAN CHURCH OF OCALA, INC.

Principal Place of Business
600 SE 58TH AVE
OCALA FL 34471
US

Mailing Address
600 SE 58TH AVE
OCALA FL 34471
US

2. Principal Place of Business
6 Almond DRIVE RW
Suite, Apt. #, etc.

3. Mailing Address
PO Box 830221
Suite, Apt. #, etc.

City & State
Ocala FL

City & State
Ocala FL

Zip
34472

Country
USA

Zip
34483

Country
USA

6. Name and Address of Current Registered Agent

GRAHAM, JOHN
226 D. EAST GLENEAGLES ROAD
OCALA FL 34472

Please reflect all changes submitted AND filed 12/27/00. Please see attached

4. FEI Number
59-2598068

Applied For
Not Applicable

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

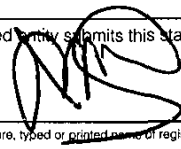
7. Name and Address of New Registered Agent

Name
John F. Balliet Jr

Street Address (P.O. Box Number is Not Acceptable)
4016 SE 17th LN.

City
Ocala FL Zip Code
34471

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.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating)

DATE
1/6/01

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNTER, GEORGE R. 16567 S.E. 96TH COURT SUMMERFIELD FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, JOHN 226-D E GLENEAGLES RD. OCALA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, SAMUEL 3470 SE 17TH LANE OCALA FL 34471	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLIET, JOHN 4016 SE 17TH LANE OCALA FL 34471	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAMUEL V. BROWN 3970 SE 17th LN. Ocala FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GEORGE R. Hunter 16567 SE 96th Ct. 34491 SUMMERFIELD, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SECRETARY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	John F. Balliet Jr 4016 SE-17th LN. Ocala FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Registered Agent TREASURER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ralph Pearson 256 SE 62ND TERR. Ocala FL 34472	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vice President
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 a address with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED

DATE
1/6/01

Daytime Phone #
352-624-8876

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90060 003 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)