

2002 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-29-2002 90021 016 ***61.25

DOCUMENT # 722960

1. Entity Name

FAITH PRESBYTERIAN CHURCH OF OCALA, INC.

Principal Place of Business

Mailing Address

6 ALMOND DR RUN *40 Ocala 7th Day Haver*
OCALA FL 34472 *Church*
US

PO BOX 830221
OCALA FL 34483
US

2. Principal Place of Business

415 NE 41ST AVE

3. Mailing Address

PO BOX 830221

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA FL

City & State

OCALA FL

4. FEI Number

59-2598068

Applied For

Not Applicable

Zip

Country

34470

MARION

Zip

Country

34483

MARION

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BALLIET, JOHN F JR
4016 SE 17TH LANE
OCALA FL 34471

7. Name and Address of New Registered Agent

Name **RALPH PEARSON**
Street Address (P.O. Box Numbers Not Acceptable)
256 SE 62ND TERRACE
OCALA FL
City **FL** Zip Code **34472**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	SD	<input type="checkbox"/> Delete
NAME	BROWN, SAMUEL V	
STREET ADDRESS	3970 SE 17TH LN	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PEARSON, RALPH	
STREET ADDRESS	256 SE 62ND TERR	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HUNTER, GEORGE R	
STREET ADDRESS	16567 SE 96TH CT	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BALLIET, JOHN F JR	
STREET ADDRESS	4016 SE 17TH LANE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (9/01)