

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90014 005 ****61.25

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1. Entity Name

FAITH PRESBYTERIAN CHURCH OF OCALA, INC.



Principal Place of Business

C/O OCALA 7TH DAY ADVENTURE CHURCH
415 N.E. 41ST AVE
OCALA FL 34470
US

Mailing Address

PO BOX 830221
OCALA FL 34483
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

20-0994746

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEARSON, RALPH
256 SE 62ND TERRACE
OCALA FL 34472

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BROWN, SAMUEL V
STREET ADDRESS 3970 SE 17TH LN
CITY-ST-ZIP OCALA FL 34471

TITLE PD ☐ Delete
NAME PEARSON, RALPH
STREET ADDRESS 256 SE 62ND TERR
CITY-ST-ZIP OCALA FL 34472

TITLE TD ☐ Delete
NAME HUNTER, GEORGE R
STREET ADDRESS 16567 SE 96TH CT
CITY-ST-ZIP SUMMERFIELD FL 34491

TITLE VPD ☐ Delete
NAME GRAHAM, JOHN F JR
STREET ADDRESS 226 S.E. GLENEAGLES ROAD
CITY-ST-ZIP OCALA FL 34472

TITLE SD ☒ Delete
NAME HOWELL, PHILLIP
STREET ADDRESS 3810 SE 2ND STREET
CITY-ST-ZIP OCALA FL 34471

TITLE D ☐ Delete
NAME TERHART, WILLIAM
STREET ADDRESS 3818 SE 135TH LANE
CITY-ST-ZIP SUMMERFIELD FL 34491

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PSD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

[Signature] PRESIDENT

3/2/06 (352) 624-3217