

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # 722960

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**



01282008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee is \$81.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	PEARSON, RALPH
STREET ADDRESS	256 SE 62ND TERR
CITY-ST-ZIP	OCALA, FL 34472
TITLE	TD
NAME	HUNTER, GEORGE R
STREET ADDRESS	16567 SE 96TH CT
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	VPD
NAME	GRAHAM, JOHN F JR
STREET ADDRESS	226 S.E. GLENEAGLES ROAD
CITY-ST-ZIP	OCALA, FL 34472
TITLE	D
NAME	TERHART, WILLIAM
STREET ADDRESS	3818 SE 135TH LANE
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000812062
02/12/08-80031-016 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RALPH S PEARSON

Date

1/28/08 (352) 624-3217

Daytime Phone #