

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722960

FILED
Mar 20, 2009
Secretary of State

Entity Name: FAITH PRESBYTERIAN CHURCH OF OCALA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

PO BOX 830221
OCALA, FL 34483 US

New Mailing Address:

FEI Number: 20-0994746

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEARSON, RALPH
256 SE 62ND TERRACE
OCALA, FL 34472 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: PEARSON, RALPH
Address: 256 SE 62ND TERR
City-St-Zip: OCALA, FL 34472

Title: TD () Delete
Name: HUNTER, GEORGE R
Address: 16567 SE 96TH CT
City-St-Zip: SUMMERFIELD, FL 34491

Title: VPD () Delete
Name: GRAHAM, JOHN F JR
Address: 226 S.E. GLENEAGLES ROAD
City-St-Zip: OCALA, FL 34472

Title: D () Delete
Name: TERHART, WILLIAM
Address: 3818 SE 135TH LANE
City-St-Zip: SUMMERFIELD, FL 34491

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: PEARSON, RALPH S
Address: 256 SE 62ND TERR
City-St-Zip: OCALA, FL 34472

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH S. PEARSON

PRES

03/20/2009

Electronic Signature of Signing Officer or Director

Date