


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 03, 2005 8:00 am
Secretary of State

08-03-2005 90063 004 ****61.25

DOCUMENT # 731634
1. Entity Name
SOUTH OCALA BAPTIST CHURCH, INC.



Principal Place of Business
2907 SE 52ND STREET
OCALA, FL 32671-7563

Mailing Address
2907 SE 52ND STREET
OCALA, FL 32671-7563

50059697



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

05052005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-1524356

Applied For
 Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

STANLEY, JERRY
5501 S.E. 34 COURT
OCALA, FL 34480

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 *Ashley Butler* *Pastor* *Jerry Stanley* *7-27-05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE *JULY 28, 2005*

Filing Fee is \$61.25
Due by September 7, 2005

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	T	<input type="checkbox"/> Delete
NAME	STANLEY, JERRY	
STREET ADDRESS	5501 S.E. 34 COURT	
CITY-ST-ZIP	OCALA, FL 34480	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FAILE, JULIA	
STREET ADDRESS	1035 N.W. 80TH AVENUE	
CITY-ST-ZIP	OCALA, FL 34482	
TITLE	P	<input type="checkbox"/> Delete
NAME	BUTLER, ASHLEY	
STREET ADDRESS	10631 S.E. 131 LABNE	
CITY-ST-ZIP	OCKLAWAHA, FL 32179	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAGENOFF, KARRON	
STREET ADDRESS	4863 S.E. 40TH TERRACE	
CITY-ST-ZIP	OCALA, FL 34480	
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	5501 SE 34 J	
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: *Jerry Stanley* *7-27-05* *352-620-1558*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #