FILED Mar 15, 2007 8:00 am Secretary of State 03-15-2007 90017 047 ****61.25

ANNUAL REPORT	4110IV
DOCUMENT # 735047	ATT

1. Entity Name GRACE PRESBYTERIAN CHURCH OF OCALA, INC.											
2255 S.E. 38	incipal Place of Business 255 S.E. 38TH STREET 2255 S.E. 38TH STREET CALA, FL 34480-8893 US CALA, FL 34480-8893			, .		ļ ģ	1003597	8			
Principal Place of Business - No P.O. Box # Mailing Address											
Suite, Apt. #, etc. Suit			uite, Apt. #, etc.			02012007	Chg-NP	CR2E03	7 (12/06)		
City & State Ci			ity & State				4. FEI Numbe 59-1664				oplied For ot Applicable
Zip	Country	Country Zip Cou			intry		5. Certificate	of Status Desired		8.75 Add	ditional
	6. Name and Address of Current	Registered	Agent		None		7. Name and	Address of New	Registered A	gent	
GAVILA, FRANK 1122 SOUTHEAST 24TH TERRACE OCALA, FL 34471					Name Street Address (P.O. Box Number is Not Acceptable)						
j	L 34471										
					City				FL	Zip Cod	e
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 Slignature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campaign F Trust Fund Contribut						\$5.00 May Be Added to Fees Make check payable to Fiorida Department of State					
10.	OFFICERS AND DI	RECTORS		11.		, , , ,	ADDITIONS/CHA	NGES TO OFFICE	ERS AND DIR	ECTORS IN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ASCHLIMAN, DEAN 421 NORTHEAST 48TH AVENU OCALA, FL 34470	E	☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAVILA, FRANK 1122 SE 24TH TERRACE OCALA, FL 34471		☐ Delete			112	ila, Fra 2 SE 24tl la, FL	h Terrace		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LACEY, JAMES 11584 SOUTHWEST 72ND CIRC OCALA, FL 34476	CLE	☐ Delete			PD Lac	ey, Jame			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1					☐ Change	☐ Addition
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: James R. Lacey, President 3/12/07 352-861-1365 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Description Priorie #											