

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

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # 735047

1. Entity Name
GRACE PRESBYTERIAN CHURCH OF OCALA, INC.



Principal Place of Business
2255 S.E. 38TH STREET
OCALA, FL 34480-8893 US

Mailing Address
2255 S.E. 38TH STREET
OCALA, FL 34480-8893



03202008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1664567

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GAVILA, FRANK
1122 SOUTHEAST 24TH TERRACE
OCALA, FL 34471

**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 \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000839007

04/22/08-80036-013 61.25

10. OFFICERS AND DIRECTORS

TITLE SD
NAME ASCHLIMAN, DEAN
STREET ADDRESS 421 NORTHEAST 48TH AVENUE
CITY-ST-ZIP OCALA, FL 34470

TITLE TD
NAME GAVILA, FRANK
STREET ADDRESS 1122 SE 24TH TERRACE
CITY-ST-ZIP OCALA, FL 34471

TITLE PD
NAME LACEY, JAMES
STREET ADDRESS 11584 SOUTHWEST 72ND CIRCLE
CITY-ST-ZIP OCALA, FL 34476

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

James R. Lacey

4/7/08

352-861-1365

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #