

# 2605 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90159 016 \*\*\*\*61.25

**DOCUMENT # 746420**

1. Entity Name

TWENTY-SEVENTH AVENUE CHURCH OF CHRIST, INC.



Principal Place of Business

514 S W 27TH AVENUE  
POST OFFICE BOX 6146  
OCALA FL 32678-3146

Mailing Address

27TH AVE CHURCH OF CHRIST  
P O BOX 6146  
OCALA FL 34478-6146  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

05-0030720

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAHAM, GEORGE  
5105 SE 102 P2  
BELLEVIEW FL 34420

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete  
NAME JACKSON, JOHN W  
STREET ADDRESS 10120 NW HWY 318  
CITY-STATE-ZIP REDDICK FL

TITLE ☐ Change ☒ Addition  
NAME Jonathan P. Webb JR.  
STREET ADDRESS 2214 NW 42ND ST  
CITY-STATE-ZIP Ocala, FL 34475

TITLE ADC ☐ Delete  
NAME RUDOLPH, GRIGLER  
STREET ADDRESS 3856 SE 80TH AVE.  
CITY-STATE-ZIP Ocala FL 38840

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE PD ☒ Delete  
NAME RICHARDSON, DION  
STREET ADDRESS 2217 SW 2ND ST.  
CITY-STATE-ZIP Ocala FL 34474

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 2210 NW 42ND ST  
CITY-STATE-ZIP Ocala FL 34475

TITLE TD ☐ Delete  
NAME LINDSEY, ALPHONSO  
STREET ADDRESS 7 BROOK LANE  
CITY-STATE-ZIP Ocala FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE D ☐ Delete  
NAME LEE, JOE L  
STREET ADDRESS 516 SW 27 AVE  
CITY-STATE-ZIP Ocala FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE D ☐ Delete  
NAME WEBB, P J  
STREET ADDRESS 2214 NW 42ND ST.  
CITY-STATE-ZIP Ocala FL 34425

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-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: George Graham Jr. **GEORGE GRAHAM JR 4-3-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #