

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 751553**

1. Entity Name

OTTER CREEK COMMUNITY FELLOWSHIP, INC.



Principal Place of Business

890 OTTER CREEK RD.  
TICKIE RIDGE CIRCLE OF HWY. 61  
SOPCHOPPY FL 32358  
US

Mailing Address

93 TICKIE RIDGE CIRCLE  
TICKIE RIDGE CIRCLE OF HWY. 61  
CRAWFORDVILLE FL 32327  
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

05-0008700

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

HALL, MICHAEL JEFFER  
RT. 3, BOX 5256  
93 TIKIE RIDGE CIRCLE  
CRAWFORDVILLE FL 32327

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	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
	P	MICHAEL HALL, REV	93 TICKIE RIDGE CIRCLE CRAWFORDVILLE FL				
	D	MULLENS, GLEN W.	99 TICKIE RIDGE CIRCLE CRAWFORDVILLE FL				
	D	JACOBS, JOE	100 PALOMINO RD CRAWFORDVILLE FL 32327				
	D	LYNN, JOHN L.	69 TICKIE RIDGE CIRCLE CRAWFORDVILLE FL				
	STC	SANDS, L GARY	1618 STANLEY AV TALLAHASSEE FL 32301				

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:

*Gary L Sands* Gary L Sands

1/25/05

850-599-1580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #