

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751553

FILED  
Jan 12, 2009  
Secretary of State

**Entity Name:** OTTER CREEK COMMUNITY FELLOWSHIP, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

93 TICKIE RIDGE CIRCLE  
TICKI RIDGE CIRCLE OF HWY. 61  
CRAWFORDVILLE, FL 32327 US

**New Mailing Address:**

**FEI Number:** 05-0008700

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MICHAEL HALL, REV  
Address: 93 TICKIE RIDGE CIRCLE  
City-St-Zip: CRAWFORDVILLE, FL

Title: D ( ) Delete  
Name: MULLENS, GLEN W.  
Address: 99 TICKIE RIDGE CIRCLE  
City-St-Zip: CRAWFORDVILLE, FL

Title: D ( ) Delete  
Name: JACOBS, JOE  
Address: 100 PALOMINO RD  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D ( ) Delete  
Name: LYNN, JOHN L.,  
Address: 69 TICKIE RIDGE CIRCLE  
City-St-Zip: CRAWFORDVILLE, FL

Title: STC ( ) Delete  
Name: SANDS, L GARY  
Address: 1618 STANLEY AV  
City-St-Zip: TALLAHASSEE, FL 32301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: JACOBS, JOSEPH REV  
Address: 100 PALOMINO RD  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: HALL, MICHAEL  
Address: 93 TICKIE RIDGE CIRCLE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY SANDS

STC

01/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date