

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751553

FILED  
Jan 19, 2010  
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:

890 OTTER CREEK RD.  
OTTER CREEK RD & HWY. 319  
SOPCHOPPY, FL 32358 US

## Current Mailing Address:

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

## New Mailing Address:

1618 STANLEY AV.  
TALLAHASSEE, FL 32310 US

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:

SANDS, GARY L  
1618 STANLEY AV  
TALLAHASSEE, FL 32310 US

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: GARY SANDS

01/19/2010

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: JACOBS, JOSEPH REV  
Address: 100 PALOMINO RD  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D  
Name: JAMES, MONTAGUE  
Address: 81 TICKIE RIDGE CIRCLE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D  
Name: HALL, MICHAEL  
Address: 93 TICKIE RIDGE CIRCLE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D  
Name: LYNN, JOHN L.  
Address: 69 TICKIE RIDGE CIRCLE  
City-St-Zip: CRAWFORDVILLE, FL 32327 WA

Title: STC  
Name: SANDS, GARY L  
Address: 1618 STANLEY AV  
City-St-Zip: TALLAHASSEE, FL 32310 LN

I hereby 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 all other like empowered.

SIGNATURE: GARY SANDS

STC

01/19/2010

Electronic Signature of Signing Officer or Director

Date