2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2011
Secretary of State

DOCUMENT# 751553

Entity Name: OTTER CREEK COMMUNITY FELLOWSHIP, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

1618 STANLEY AV.
TALLAHASSEE, FL 32310 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:

SANDS, GARY L
1618 STANLEY AV
TALLAHASSEE, FL 32310 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
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 01/03/2011

Electronic Signature of Signing Officer or Director Date