

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90139 018 \*\*\*\*61.25

**DOCUMENT #** N00000002263

1. Entity Name

INTERNATIONAL PENTECOSTAL CITY MISSION CHURCH  
OF OCALA, INC.



Principal Place of Business

9584 MERICAM RD  
OCALA FL 33472

Mailing Address

P O BOX 831693  
OCALA FL 34483



2. Principal Place of Business

9584 Mericamp Rd.

Suite, Apt. #, etc.

Florida

City & State

Ocala

Zip

34472

Country

Maricamp

3. Mailing Address

P.O. Box 831693

Suite, Apt. #, etc.

City & State

Ocala Florida

Zip

34483

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-1002335

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCFARLANE, MAVIS  
550 SILVER COURSE CIRCLE  
OCALA FL 34472

7. Name and Address of New Registered Agent

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

*Mavis McFarlane*

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	MCFARLANE, PHILIP REV	
STREET ADDRESS	P O BOX 831693	
CITY-ST-ZIP	OCALA FL 34483	

TITLE	S	<input type="checkbox"/> Delete
NAME	MCFARLANE, MAVIS	
STREET ADDRESS	P O BOX 831693	
CITY-ST-ZIP	OCALA FL 34483	

TITLE	T	<input type="checkbox"/> Delete
NAME	WALTERS, FLORETTA	
STREET ADDRESS	PO BOX 831693	
CITY-ST-ZIP	OCALA FL 113-4483	

TITLE	D	<input type="checkbox"/> Delete
NAME	CHANCE, JOSEPH T	
STREET ADDRESS	P O BOX 831693	
CITY-ST-ZIP	OCALA FL 34483	

TITLE	D	<input type="checkbox"/> Delete
NAME	BURKE, NEZLEE	
STREET ADDRESS	PO BOX 831693	
CITY-ST-ZIP	OCALA FL 34483	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Mavis McFarlane* MAVIS McFarlane 3-28-06 (352) 687-3606