


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90146 001 ****61.25

| | |
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| DOCUMENT # N00000002263 |  |
| 1. Entity Name <i>Intl. Pentecostal City Mission Ch.</i> INTERNATIONAL PENTECOSTAL CITY MISSION CHURCH OF OCALA, INC. | |

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|-------------------------------------------------------------------|----------------------------------------------------|
| Principal Place of Business 9584 MARICAMP RD OCALA FL 34472 | Mailing Address PO BOX 831693 OCALA FL 34483 |
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|----------------------------------------------------------------------------|----------------------------------------------|
| 2. Principal Place of Business - No P.O. Box # <i>9584 Maricamp Rd.</i> | 3. Mailing Address <i>P.O. Box 831693</i> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|---------------------------------------|--------------------------------------|
| City & State <i>Ocala FL 34472</i> | City & State <i>Ocala Florida</i> |
| Zip <i>FL 34472</i> | Country <i>maricao</i> |

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|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number 65-1002335 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 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* (NOTE: Registered Agent signature required when re-registering) DATE *3-27-07*

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P MCFARLANE, PHILIP REV P O BOX 831693 OCALA FL 34483 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MCFARLANE, MAVIS P O BOX 891693 OCALA FL 34483 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WALTERS, FLORETTA PO BOX 831693 OCALA FL 113-4483 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHANCE, JOSEPH T P O BOX 891693 OCALA FL 34483 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BURKE, NEZLEE PO BOX 891693 OCALA FL 34483 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Philip McFarlane Rev.* 3.27.07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #