

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000002263	
1. Entity Name INTERNATIONAL PENTECOSTAL CITY MISSION CHURCH OF OCALA, INC.	

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 #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

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	
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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 _____ DATE _____

Signature, typed or printed name of registered agent and the Applicant (NOTE: Registered Agent signature and name required when reappointing)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	Make Check Payable to: Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
P MCFARLANE, PHILIP REV P O BOX 831693 OCALA FL 34483	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
S MCFARLANE, MAVIS P O BOX 891693 OCALA FL 34483	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
T WALTERS, FLORETTA PO BOX 831693 OCALA FL 313-4483	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
D CHANCE, JOSEPH T P O BOX 891693 OCALA FL 34483	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
D BURKE, NEZLEE PO BOX 891693 OCALA FL 34483	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

U000000842604
03/11/08-80037-019 61.25

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* (352) 1-87-3606