

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002263

FILED
Jan 26, 2009
Secretary of State

Entity Name: INTERNATIONAL PENTECOSTAL CITY MISSION CHURCH OF OCALA, INC.

Current Principal Place of Business:

9584 MARICAMP RD
OCALA, FL 34472

New Principal Place of Business:

Current Mailing Address:

PO BOX 831693
OCALA, FL 34483

New Mailing Address:

FEI Number: 65-1002335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

McFARLANE, MAVIS
550 SILVER COURSE CIRCLE
OCALA, FL 34472 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 () Delete
Name: MCFARLANE, PHILIP REV
Address: P O BOX 831693
City-St-Zip: OCALA, FL 34483

Title: S () Delete
Name: MCFARLANE, MAVIS
Address: P O BOX 891693
City-St-Zip: OCALA, FL 34483

Title: T () Delete
Name: WALTERS, FLORETTA
Address: PO BOX 831693
City-St-Zip: OCALA, FL F134483

Title: D () Delete
Name: CHANCE, JOSEPH T
Address: P O BOX 891693
City-St-Zip: OCALA, FL 34483

Title: D (X) Delete
Name: BURKE, NEZLEE
Address: PO BOX 891693
City-St-Zip: OCALA, FL 34483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BURKE, NEZLEE
Address: P O BOX 891693
City-St-Zip: OCALA, FL 34483

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PHILIP S. MCFARLANE

REV

01/26/2009

Electronic Signature of Signing Officer or Director

Date