



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2005 8:00 am
Secretary of State

06-01-2005 90017 040 ****61.25

DOCUMENT # N01000001244						
1. Entity Name THE JOURNEY FELLOWSHIP OF OCALA, INC.						
Principal Place of Business 1 N.E. 1ST AVENUE SUITE 210 OCALA, FL 34478		Mailing Address P.O. BOX 1954 OCALA, FL 34478				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	05172005	Chg-NP	CR2E037 (10/03)
4. FEI Number 59-3739836				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
WHITESIDE, RICHARD 2901 SW 41ST STREET OCALA, FL 34474			Name <u>Richard Whiteside</u> Street Address (P.O. Box Number is Not Acceptable) <u>2951A SW 105th Street</u> City <u>Ocala</u> FL Zip Code <u>34476</u>			
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		<u>Richard Whiteside</u>		DATE <u>5/17/2005</u>		
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reissuing)		DATE		
Filing Fee is \$61.25 Due by September 7, 2005		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	D	<input type="checkbox"/> Delete	TITLE	<u>Whiteside, Richard P</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITESIDE, RICHARD C		NAME	<u>2451A SW 105th Street</u>		
STREET ADDRESS	2240 SW HWY 484		STREET ADDRESS	<u>Ocala, FL 34476</u>		
CITY-ST-ZIP	OCALA, FL 34473		CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete	TITLE	<u>Arrietta, Robert T</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARRIETTO, ROBERT		NAME	<u>3721 SW 14th Lane Rd</u>		
STREET ADDRESS	2240 SW HWY 484		STREET ADDRESS	<u>Ocala, FL 34473</u>		
CITY-ST-ZIP	OCALA, FL 34473		CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<u>Hadlock, Larry T.</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HADLOCK, DAWN		NAME	<u>12850 SE 4th Avenue</u>		
STREET ADDRESS	2240 SW HWY 484		STREET ADDRESS	<u>Belleview, FL 34420</u>		
CITY-ST-ZIP	OCALA, FL 34473		CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<u>Zalak, Carl T</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BARBOUR, LOIS A		NAME	<u>3050 SE 31st Street</u>		
STREET ADDRESS	2240 SW HWY 484		STREET ADDRESS	<u>Ocala, FL 34471</u>		
CITY-ST-ZIP	OCALA, FL 34473		CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Richard Whiteside</u>		<u>Richard Whiteside</u>		Date <u>5/19/2005</u> Daytime Phone # <u>925-9154</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		