

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2003 8:00 am
Secretary of State

09-09-2003 90028 008 ****61.25

DOCUMENT # N01000001244

1. Entity Name

THE JOURNEY FELLOWSHIP OF OCALA, INC.



Principal Place of Business

2240 SW HWY 484
OCALA FL 34473

Mailing Address

2240 SW HWY 484
OCALA FL 34473

2. Principal Place of Business

3. Mailing Address

PO Box 1954

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA, Florida

Zip

Country

Zip

Country

34478

USA

4. FEI Number 59-3739836

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORD, KENNETH E
2240 SW HWY 484
OCALA FL 34473

Name Richard Whiteside

Street Address (P.O. Box Number is Not Acceptable)

2901 SW 41st Street

Apt. # 2604

City Ocala

FL

Zip Code

34474

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 Richard C. Whiteside

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

(NOTE: Registered Agent signature required when reinstating)

9/5/2003

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	WHITESIDE, RICHARD C	
STREET ADDRESS	2240 SW HWY 484	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WINSHIP, KENNETH	
STREET ADDRESS	2240 SW HWY 484	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	D	<input type="checkbox"/> Delete
NAME	KUFFEL, DAWN	
STREET ADDRESS	2240 SW HWY 484	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARBOUR, LOIS A	
STREET ADDRESS	2240 SW HWY 484	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WINSHIP, NANCY	
STREET ADDRESS	2240 SW HWY 484	
CITY-ST-ZIP	OCALA FL 34473	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Arrington	
STREET ADDRESS	2240 SW HWY 484	
CITY-ST-ZIP	OCALA, FL. 34473	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dawn Hadlock	
STREET ADDRESS	2240 SW HWY 484	
CITY-ST-ZIP	OCALA, FL. 34473	
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		

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: Richard C. Whiteside

9/5/2003 (352) 347-5224

CR2E037 (4/03)