

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90335 035 ****61.25

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1. Entity Name

SOUTHWEST CHRISTIAN CHURCH OF OCALA, INC.



Principal Place of Business

PO BOX 770111
OCALA FL 34477

Mailing Address

PO BOX 770111
OCALA FL 34477

2. Principal Place of Business

3. Mailing Address

9045 SW 60th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OCALA FL

Zip

Country

Zip

Country

34476

4. FEI Number

59-3745792

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

ROBERTS, GEORGE A
1031 NE 40TH AVE
OCALA FL 34476

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 PD ☐ Delete
NAME BUTCHER, WILLIAM
STREET ADDRESS 5939 SE 145TH STREET
CITY-ST-ZIP SUMMERFIELD FL 34491

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME CORNELL, TIM
STREET ADDRESS 2636 NE 37TH PLACE ROAD
CITY-ST-ZIP OCALA FL 34479

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME NELSON, GORDON
STREET ADDRESS 20114 EAST PENNSYLVANIA
CITY-ST-ZIP DUNNELLON FL 34488

TITLE ☐ Change ☒ Addition
NAME D. Thompson, James
STREET ADDRESS P.O. Box 773429
CITY-ST-ZIP OCALA FL 34477

TITLE T ☐ Delete
NAME BUTCHER, LAURA
STREET ADDRESS 5939 S.E. 145TH DR.
CITY-ST-ZIP SUMMERFIELD FL 34491

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Laura Butcher LAURA Butcher, Treasurer 4/8/06 352-245-4162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #