

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90020 017 \*\*\*\*96.25

**DOCUMENT # N01000006819**

1. Entity Name  
**SOUTHWEST CHRISTIAN CHURCH OF OCALA, INC.**



Principal Place of Business  
PO BOX 770111  
OCALA, FL 34477

Mailing Address  
9045 SW 60TH AVE  
OCALA, FL 34476

40028034



2. Principal Place of Business - No P.O. Box #

9045 SW 60th Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02262007 Chg-NP CR2E037 (12/06)

City & State

OCALA FL

City & State

4. FEI Number  
59-3745792

Applied For  
Not Applicable

Zip

34476

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Franklin W. Harford**  
Street Address (P.O. Box Number is Not Acceptable)  
**8526 S.W. 60th Court**  
City **Ocala** FL Zip Code **34476**

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

*Franklin W. Harford*

2-26-07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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 **ROBERT BAYS**  
STREET ADDRESS **7716 SW 117th St. Rd.**  
CITY-ST-ZIP **OCALA FL 34476**

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

TITLE ☐ Change ☒ Addition  
NAME **WALTER SCOTT**  
STREET ADDRESS **P.O. BOX 875**  
CITY-ST-ZIP **Ft. McCoy FL 32134**

TITLE D ☒ Delete  
NAME THOMPSON, JAMES  
STREET ADDRESS P.O. BOX 773429  
CITY-ST-ZIP OCALA, FL 34477

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

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 Chapter 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*

2-26-07

352-245-4162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment #N01000006819  
40028034  
**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Southwest Christian Church  
(Name of Corporation)

**DOCUMENT NUMBER:** N01000006819

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAURA BUTCHER  
(Name of Contact Person)

Southwest Christian Church  
(Firm/Company)

9045 SW 60th Ave  
(Address)

Ocala Fl. 34476  
(City/State and Zip Code)

For further information concerning this matter, please call:

LAURA BUTCHER at ( 352 ) 245-4162  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Attachment 40028034  
#NO1000006819  
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Southern Christian Church  
2. The principal office address: 9045 SW 60th Ave  
Ocala Fl. 34476  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: \_\_\_\_\_ Document number: NO1000006819

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

George A. Roberts  
1031 NE 40th Ave.  
Ocala Fl 34476

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Franklin W. Harford  
8526 S.W. 60th Court  
(P.O. Box NOT acceptable)  
Ocala, FL 34476

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Laura Butcher  
(Signature of an officer or director)

LAURA BUTCHER, Treasurer  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Franklin W. Harford  
(Signature of Registered Agent)

2-26-07  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*