

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90128 022 ****61.25

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1. Entity Name

SOUTHWEST CHRISTIAN CHURCH OF OCALA, INC.



Principal Place of Business

9045 SW 60TH AVE.
OCALA FL 34476

Mailing Address

9045 SW 60TH AVE
OCALA FL 34476

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3745792

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

HARFORD, FRANKLIN W
8526 SW 60TH COURT
OCALA FL 34476

7. Name and Address of New Registered Agent

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 the, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BUTCHER, WILLIAM	
STREET ADDRESS	5939 SE 145TH STREET	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CORNELL, TIM	
STREET ADDRESS	2636 NE 37TH PLACE ROAD	
CITY-ST-ZIP	OCALA FL 34479	
TITLE	D <i>BAUS</i>	<input type="checkbox"/> Delete
NAME	BAUS, ROBERT	
STREET ADDRESS	7716 SW 117TH ST. RD.	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	T	<input type="checkbox"/> Delete
NAME	BUTCHER, LAURA	
STREET ADDRESS	5939 S.E. 145TH DR.	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, WALTER	
STREET ADDRESS	P.O. BOX 870	
CITY-ST-ZIP	FORT MC COY FL 32134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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 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 4-14-08 352-245-4162