

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006819

FILED  
Mar 03, 2009  
Secretary of State

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

**Current Principal Place of Business:**

9045 SW 60TH AVE.  
OCALA, FL 34476

**New Principal Place of Business:**

**Current Mailing Address:**

9045 SW 60TH AVE  
OCALA, FL 34476

**New Mailing Address:**

**FEI Number:** 59-3745792

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

HOGAN, FRANKLIN  
11116 SW 53RD CIRCLE  
OCALA, FL 34476 US

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.

SIGNATURE: FRANKLIN HOGAN

03/03/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BUTCHER, WILLIAM  
Address: 5939 SE 145TH STREET  
City-St-Zip: SUMMERFIELD, FL 34491

Title: SD ( ) Delete  
Name: CORNELL, TIM  
Address: 2636 NE 37TH PLACE ROAD  
City-St-Zip: OCALA, FL 34479

Title: D (X) Delete  
Name: BAUS, ROBERT  
Address: 7716 SW 117TH ST. RD.  
City-St-Zip: OCALA, FL 34476

Title: T ( ) Delete  
Name: BUTCHER, LAURA  
Address: 5939 S.E. 145TH DR.  
City-St-Zip: SUMMERFIELD, FL 34491

Title: D ( ) Delete  
Name: SCOTT, WALTER  
Address: P.O. BOX 870  
City-St-Zip: FORT MC COY, FL 32134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA BUTCHER

T

03/03/2009

Electronic Signature of Signing Officer or Director

Date