2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005
Secretary of State

DOCUMENT# N01000007075

Entity Name: HERITAGE BAPTIST CHURCH OF OCALA, INC.

Current Principal Place of Business:

642 NE 20 STREET
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1700
SILVER SPRINGS, FL 34489

New Mailing Address:

FEI Number: 59-3744205 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, WALTER
401 N.E. 41 AVE.
OCALA, FL 34470 US

Name and Address of New Registered Agent:

SMITH, WALTER B
401 N.E. 41 AVE.
OCALA, FL 34470 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: WALTER B. SMITH 01/11/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SMITH, WALTER B
Address: 401 NE 41ST AVE
City-St-Zip: OCALA, FL 34470

Title: SD ( ) Delete
Name: SMITH, PAULA A
Address: 401 NE 41ST AVE
City-St-Zip: OCALA, FL 34470

Title: T ( ) Delete
Name: NOWAK, JAMES
Address: 4628 NE 8TH PLACE
City-St-Zip: OCALA, FL 34470

Title: VD ( ) Delete
Name: BUTLER, CLARENCE
Address: 5290 NW 61ST LANE
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change ( ) Addition
Name: NOWAK, JAMES
Address: 3920 SW 4TH AVE.
City-St-Zip: OCALA, FL 34474

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WALTER B. SMITH PD 01/11/2005
Electronic Signature of Signing Officer or Director Date