2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2005
Secretary of State

DOCUMENT# N01000008813

Entity Name: FIRST MISSIONARY FULL GOSPEL CHURCH OF OCALA, INC.

Current Principal Place of Business:

9475 S E 35TH COURT
OCALA, FL 34480

New Principal Place of Business:

Current Mailing Address:

9475 S E 35TH COURT
OCALA, FL 34480

New Mailing Address:

FEI Number: 26-0008787 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LECORN, BERNARD
9475 S E 35TH COURT
OCALA, FL 34480 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: IVORY, LINDA
Address: 335 MARION OAKS DRIVE
City-St-Zip: OCALA, FL 34472

Title: D ( ) Delete
Name: IVORY, JESSIE
Address: 335 MARION OAKS DRIVE
City-St-Zip: OALA, FL 34473

Title: D (X) Delete
Name: LECORN, LAWRENCE
Address: 5662 N W STATE ROAD 326
City-St-Zip: OALA, FL 34442

Title: D ( ) Delete
Name: BRADY, GEORGE
Address: 9475 SE 35TH CT
City-St-Zip: OCALA, FL 34480

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:

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: LINDA IVORY P 05/01/2005
Electronic Signature of Signing Officer or Director — Date