

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008813

FILED
Apr 16, 2009
Secretary of State

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 ()

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: MIN () Delete
Name: WALTON, CHARLENE
Address: 1720 NW 38TH AVE LOT 81
City-St-Zip: OCALA, FL 34482 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ADMI (X) Change () Addition
Name: GRIFFITHS, ANGELA C ADMINIS
Address: 2259 S.W 168TH LOOP
City-St-Zip: OCALA, FL 34473 US

Title: MIN () Change (X) Addition
Name: IVORY, LINDA MINISTE
Address: 335 MARION OAKS DRIVE
City-St-Zip: OCALA,, FL 34473 US

Title: DEC () Change (X) Addition
Name: IVORY, JESSIE
Address: 335 MARION OAKS DRIVE
City-St-Zip: OCALA,, FL 34473 US

Title: DEC () Change (X) Addition
Name: GRIFFIN, ANDRE N
Address: 2259 S.W 168TH LOOP
City-St-Zip: OCALA,, FL 34473 US

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: ANGELA C. GRIFFITHS

ADMI

04/16/2009

Electronic Signature of Signing Officer or Director

Date