


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90246 021 ****61.25

DOCUMENT # N02000009348 1. Entity Name METROPOLITAN COMMUNITY CHURCH OCALA, INC.					
Principal Place of Business 4273 W HWY 40 OCALA, FL 34482			Mailing Address 4273 W HWY 40 OCALA, FL 34482		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 36-4515549	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WERTENBERGER, NEVIN 5801 NW 2ND PLACE OCALA, FL 34482				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE D		NAME WERTENBERGER, NEVIN REV.		STREET ADDRESS 5801 NW 2ND PLACE	
CITY-ST-ZIP OCALA, FL 34482		TITLE VD		NAME MYERS, MIKE	
STREET ADDRESS 5551 SE 33RD AVE		CITY-ST-ZIP OCALA, FL 34480		TITLE S	
NAME LILLY, AMY		STREET ADDRESS 212 S TYLER STREET		CITY-ST-ZIP BEVERLY HILLS, FL 34465	
TITLE AD		NAME MILLER, HEATHER		STREET ADDRESS 10300 SE 110TH ST RD	
CITY-ST-ZIP CANDLER, FL 32111		TITLE NAME		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME		STREET ADDRESS CITY-ST-ZIP		TITLE NAME	
STREET ADDRESS CITY-ST-ZIP		TITLE NAME		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME		STREET ADDRESS CITY-ST-ZIP		TITLE NAME	
STREET ADDRESS CITY-ST-ZIP		TITLE 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 Chapter 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 817, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 05/01/06	