

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90012 005 \*\*\*\*61.25

**DOCUMENT # N02000009946**

1. Entity Name

COVENANT LIFE FELLOWSHIP OF OCALA, INC.



Principal Place of Business

4545 SE 57TH LN  
OCALA FL 34480

Mailing Address

4545 SE 57TH LN  
OCALA FL 34480

**54036946**



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

68-0539648

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**-WILLIAMS, JOHN A ESQ.**  
**101 E. KENNEDY BLVD., STE. 2700**  
**TAMPA FL 33602**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME OWENBY, TED C  
STREET ADDRESS 4545 SE 57TH LN  
CITY-ST-ZIP OCALA FL 34480

TITLE STD ☐ Delete  
NAME OWENBY, SUSAN  
STREET ADDRESS 4545 SE 57TH LN  
CITY-ST-ZIP OCALA FL 34480

TITLE D ☐ Delete  
NAME OWENBY, ROBERT E  
STREET ADDRESS 4545 SE 57TH LN  
CITY-ST-ZIP OCALA FL 34480

TITLE D ☐ Delete  
NAME BROOME, W.L.  
STREET ADDRESS 4545 SE 57TH LN  
CITY-ST-ZIP OCALA FL 34480

TITLE D ☐ Delete  
NAME WILLIAMS, JOHN A  
STREET ADDRESS 4545 SE 57TH LN  
CITY-ST-ZIP OCALA FL 34480

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition  
NAME Owenby, Robert E  
STREET ADDRESS 3624 SE 45th Place  
CITY-ST-ZIP Ocala, FL 34480

TITLE D ☒ Change ☐ Addition  
NAME Broome, W.L.  
STREET ADDRESS 16723 SE 173rd Terrace Road  
CITY-ST-ZIP Weirsdale, FL 32195

TITLE D ☒ Change ☐ Addition  
NAME Williams, John A.  
STREET ADDRESS 12036 Tuscany Bay Dr  
CITY-ST-ZIP Tampa, FL 33626

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Susan Owenby  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-04

Date

(352) 236-1946

Daytime Phone #