

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004085

FILED
May 02, 2007
Secretary of State

Entity Name: OCALA PENTECOSTAL CHURCH OF GOD IN CHRIST, INC.

Current Principal Place of Business:

POST OFFICE BOX 771445
OCALA, FL 34477

New Principal Place of Business:

13515 SW 1ST LANE
OCALA, FL 34481

Current Mailing Address:

POST OFFICE BOX 771445
OCALA, FL 34477

New Mailing Address:

FEI Number: 77-0619276 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

JONES, CARLA M
10420 NW 125 STREET
REDDICK, FL 32686 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: D () Delete
Name: JONES, NATHANIEL R PASTOR
Address: 10420 NW 125 STREET
City-St-Zip: REDDICK, FL 32686

Title: D () Delete
Name: JONES, CARLA M
Address: 10420 NW 125 STREET
City-St-Zip: REDDICK, FL 32686

Title: D () Delete
Name: ALEXANDER, JOHN D
Address: 1289 WEST 28TH STREET
City-St-Zip: RIVIERA BEACH, FL 33404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: LUMPKIN, RONALD B
Address: 5001 BRANDED OAKS CT
City-St-Zip: TALLAHASSEE, FL 32311

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: CARLA M JONES

ADM

05/02/2007

Electronic Signature of Signing Officer or Director

Date