

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010199

Entity Name: OCALA MINISTRIES, INC

FILED
Jan 30, 2004
Secretary of State

Current Principal Place of Business:

2626 NE 10TH STREET
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

1718 E 7TH AVENUE
SUITE 201
TAMPA, FL 33605

New Mailing Address:

FEI Number: 20-0432561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODY, JAMAAL
1718 E 7TH AVENUE
SUITE 201
TAMPA, FL 33605 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: DP () Delete
Name: GENTLE, LOUISE
Address: 2626 NE 10TH STREET
City-St-Zip: OCALA, FL 34470

Title: DT () Delete
Name: GAINES, MARC
Address: 2626 NE 10TH STREET
City-St-Zip: OCALA, FL 34470

Title: DS () Delete
Name: MONTGOMERY, KIMBERLY
Address: 2626 NE 10TH STREET
City-St-Zip: OCALA, FL 34470

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:

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: LOUISE GENTLE

DP

01/30/2004

Electronic Signature of Signing Officer or Director

Date