

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03135

FILED  
Feb 02, 2007  
Secretary of State

**Entity Name:** OCHLOCKONEE CHRISTIAN CENTER, INC.

**Current Principal Place of Business:**

P.O. BOX 410  
STATE ROAD 299 (CURTISS MILLS RD)  
SOPCHOPPY, FL 32358

**New Principal Place of Business:**

2263 CURTIS MILLS ROAD  
STATE ROAD 299 (CURTISS MILLS RD)  
SOPCHOPPY, FL 32358

**Current Mailing Address:**

P.O. BOX 410  
STATE ROAD 299 (CURTISS MILLS RD)  
SOPCHOPPY, FL 32358

**New Mailing Address:**

2263 CURTIS MILLS ROAD  
STATE ROAD 299 (CURTISS MILLS RD)  
SOPCHOPPY, FL 32358

**FEI Number:** 59-2402361

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DUNNING, JOHN S.  
57 DICKSON ST.  
SOPHCOPPY, FL 32358 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: PD ( ) Delete  
Name: DUNNING, JOHN,  
Address: 57 DICKSON ST.  
City-St-Zip: SOPCHOPPY, FL

Title: VD ( ) Delete  
Name: MADELYN CROWSON,  
Address: 2 NATURAL SPRINGS ROAD  
City-St-Zip: SOPCHOPPY, FL

Title: SDT ( ) Delete  
Name: DUNNING, PATSY,  
Address: 57 DICKSON ST.  
City-St-Zip: SOPCHOPPY, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VD (X) Change ( ) Addition  
Name: CROWSON, MADELYN,  
Address: 2 NATURAL SPRINGS ROAD  
City-St-Zip: SOPCHOPPY, FL

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 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: JOHN S. DUNNING

PD

02/02/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date