2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Sep 08, 2005 8:00 am Secretary of State DOCUMENT # N04000001678 09-08-2005 90064 017 ****70.00 1. Entity Name LOVE FELLOWSHIP CHRISTIAN CENTER OF OCALA, INC. Principal Place of Business Mailing Address 2905 SW 15TH ST. OCALA FL 34474 2905 SW 15TH ST. OCALA FL 34474 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE -CR2E037 (5/05) City & State City & State 4. FEI Number Applied For Ocala Not Applicable Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VICKERS, BOBBY Street Address (P.O. Box Number is Not Acceptable) 2905 SW 15TH ST. OCALA FL 34474 City 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By September 7, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. VICKERS, BOBBY ☐ Detete TITLE ☐ Change ■ Addition 2905 SW 15TH ST. NAME OCALA FL 34474 STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP VICKERS, DELORIS ☐ Detete TITLE Change ☐ Addition 2905 SW 15TH ST. NAME STREET ADDRESS **OCALA FL 34474** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HHE VICKERS, CHRISSY ☐ Delete TITLE ☐ Change ■ Addition 2905 SW 15TH ST. NAME STREET ADDRESS **OCALA FL 34474** STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Delete THE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY - ST - 7tP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

9/2/15

FILED