

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

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90145 003 ****61.25

DOCUMENT # N04000004361

1. Entity Name

FRESH START MINISTRY OF OCALA, INC.



Principal Place of Business

6860 SE 221 STREET
HAWTHORNE FL 32640

Mailing Address

P.O. BOX 1657
HAWTHORNE FL 32640

2. Principal Place of Business

3400 NE JACKSONVILLE RD 4320 SW 148TH ST
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

OCALA, FL

4. FEI Number

37-1482126

Applied For

Not Applicable

Zip

34479

Country

MARION

Zip

34473

Country

MARION

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAUNDERS, CATHERINE C
1301 NE 14TH STREET
OCALA FL 34470

7. Name and Address of New Registered Agent

Name HAROLD DEYOE
Street Address (P.O. Box Number is Not Acceptable)
4320 SW 148TH ST.
City OCALA FL Zip Code 34473

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

HAROLD DEYOE

Harold Deyoe

4-7-05

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, 2005

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	CEO	<input checked="" type="checkbox"/> Delete
NAME	DEYOE, HAROLD	
STREET ADDRESS	6860 SE 211 STREET	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE	PRES	<input checked="" type="checkbox"/> Delete
NAME	DEYOE, JOYCE	
STREET ADDRESS	6860 SE 211 STREET	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	HAROLD DEYOE	
STREET ADDRESS	4320 SW 148TH ST	
CITY-ST-ZIP	OCALA, FL 34473	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	JOHN BELLER	
STREET ADDRESS	1612 NE 25TH AVE	
CITY-ST-ZIP	OCALA, FL 34470	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	NAN HEMMINGER	
STREET ADDRESS	4320 SW 148TH ST	
CITY-ST-ZIP	OCALA, FL 34473	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Harold Deyoe

4-7-05

352-245-7187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #