

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90170 033 ****80.00

DOCUMENT # N05000007647 1. Entity Name OCALA PALMS WORSHIP COMMUNITY INC.					
Principal Place of Business 436 NE 61 TERRACE OCALA, FL 34470			Mailing Address 436 NE 61 TERRACE OCALA, FL 34470		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FCI Number 54-2180443				Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUCKER, AUBREY H JR 2020 MIZELL AVE WINTER PARK, FL 32892				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 (last name) (FIDELITY) (typed or printed name of agent required only for addition)					
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GREAVES, ROBERT REV 436 NE 61 TERRACE OCALA, FL 34470	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	T ROSSI, LOUIS A. 2500 NW 53rd Ave Rd Ocala, FL 34482	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GREAVES, PATRICIA M 436 NE 61 TERRACE OCALA, FL 34470	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LIEBEGOTT, CHARLES E 2358 NW 50 AVE OCALA, FL 34482	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Louis A. Rossi</i> (Louis A. Rossi) T 1/10/06 13574369-4532					