

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 30 PM 3:48

DOCUMENT # N07000002257

1. Entity Name
CHRIST'S CHURCH OF MARION COUNTY, INC.



Principal Place of Business
8399 SW 60TH COURT
OCALA, FL 34476

Mailing Address
P.O BOX 773429
OCALA, FL 34477



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06262008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-8551706

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

G&L AGENT SERVICES, INC.
390 NORTH ORANGE AVE SUITE 600
ORLANDO, FL 32801

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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 D ☐ Delete
NAME BUNCH, PETER
STREET ADDRESS 2145 NE 45TH AVE
CITY-ST-ZIP OCALA, FL 34476

TITLE ☐ Change ☐ Addition
NAME 200132069848
STREET ADDRESS 07/02/08--01010--019
CITY-ST-ZIP **61.25

TITLE D ☒ Delete
NAME BURFIELD, LEON J
STREET ADDRESS 10900 SW 53RD CIRCLE
CITY-ST-ZIP OCALA, FL 34476

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CARREL, JOHN S JR.
STREET ADDRESS 11752 SW 139TH STREET
CITY-ST-ZIP DUNNELLON, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME COVINGTON, CALVIN
STREET ADDRESS 4761 SW 71ST CIRCLE
CITY-ST-ZIP OCALA, FL 34476

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SAMPLE, SAMUEL
STREET ADDRESS 10759 SW 71ST CIRCLE
CITY-ST-ZIP OCALA, FL 34476

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

John S. Carrel Jr.
John S. Carrel Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-26-08

352-861-6182

Date

Daytime Phone #

6/30/08