

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006331

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: RAPTURE COMMUNITY CENTER, INC.

**Current Principal Place of Business:**

6760 SW 138TH TERR.  
OCALA, FL 34481

**New Principal Place of Business:**

**Current Mailing Address:**

6760 SW 138TH TERR.  
OCALA, FL 34481

**New Mailing Address:**

FEI Number: 77-0690271

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RUCKER, MILLARD  
6760 SW 138TH TERR.  
OCALA, FL 34481 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: RUCKER, MILLARD  
Address: 6760 SW 138TH TERR.  
City-St-Zip: OCALA, FL 34481

Title: VD ( ) Delete  
Name: RUCKER, KATHY  
Address: 6760 SW 138TH TERR.  
City-St-Zip: OCALA, FL 34481

Title: TD ( ) Delete  
Name: DOZIER, CRYSTAL  
Address: 5891 NW 62ND AVE.  
City-St-Zip: OCALA, FL 34482

Title: SD ( ) Delete  
Name: SHOCKLEY, JANICE  
Address: 1350 NE 37TH LANE  
City-St-Zip: OCALA, FL 34479

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: KATHY RUCKER

VP

04/07/2009

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

\_\_\_\_\_  
Date