2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# N08000011245

Entity Name: OCALA FAMILY OF GOD, INC.

Current Principal Place of Business:

5475 N HWY 40
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

6900 SW 137 CT RD
OCALA, FL 34481

New Mailing Address:

FEI Number: 30-0519804 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PIERRE CHARLES, FRANCESCA
6900 SW 137 CT RD
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: CEO ( ) Delete
Name: LAUTURE, JEAN S
Address: 5824 ROYALE HILLS CIRCLE
City-St-Zip: WINTER HAVEN, FL 33881

Title: P ( ) Delete
Name: PIERRE, ULRICK
Address: 1052 BRENTON MANOR DRIVE
City-St-Zip: WINTER HAVEN, FL 33881

Title: VP ( ) Delete
Name: HENRY, ASBEL
Address: 221 VERZON CT
City-St-Zip: ORLANDO, FL 32839

Title: TREA ( ) Delete
Name: PIERRE CHARLES, FERMINA
Address: 6900 SW 137 CT RD
City-St-Zip: OCALA, FL 34481

Title: SECR ( ) Delete
Name: LLOYD, DANIELLE
Address: 8270 SW 121ST TER
City-St-Zip: DUNNELLON, FL 34432

Title: FUND ( ) Delete
Name: EDMOND, ZACHARIE
Address: 6233 MOORE ST
City-St-Zip: ORLANDO, FL 32808

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:

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: DANIELLE LLOYD SECR 03/02/2009

Electronic Signature of Signing Officer or Director — Date