FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N20515 (5)

1. Corporation Name

OCALA CHRISTIAN CENTER, INC.

Principal Place of Business	Mailing Address
% LEWIS E. DINKINS 201 NORTHEAST EIGHTH AVENUE OCALA FL 34470 US	% LEWIS E. DINKINS 201 NORTHEAST EIGHTH AVENUE OCALA FL 34470 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/01/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2948748 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

DINKINS, LEWIS E.
201 NE EIGHTH AVENUE
OCALA FL ~~32670~~ 34470

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provision of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: (Signature, typed or printed name of registered agent and title if applicable) (Required: New Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	41 TITLE	Director ☐ Change ☒ Addition
NAME	LOWERY, MICHAEL L.	42 NAME	Barbara Lowery
STREET ADDRESS	4600 N.E. 21ST COURT	43 STREET ADDRESS	4600 N.E. 21st Court
CITY-ST-ZIP	OCALA FL	44 CITY-ST-ZIP	Ocala, FL
TITLE	VD	51 TITLE	Director ☐ Change ☒ Addition
NAME	KEAN, GARY	52 NAME	Chris J. Ludwig
STREET ADDRESS	5912 N.W. 219 ST. ROAD	53 STREET ADDRESS	14610 S.E. 99th Avenue
CITY-ST-ZIP	MCINTOSH FL	54 CITY-ST-ZIP	Summerfield, FL 34491
TITLE	SD	61 TITLE	☐ Change ☐ Addition
NAME	BRYANT, ROBERT	62 NAME	
STREET ADDRESS	3215 N.E. 15TH AVE	63 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	64 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	BURKHALTER, JAMES	42 NAME	
STREET ADDRESS	ROUTE 3, BOX 57K-1	43 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

5/1/95

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14. I/We hereby certify that the information supplied with this filing is valid/duly furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/18/95 (904) 351-2883

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL BELOW (Required) DATE Daytime Phone Number

Michael L. Lowery, Director

000947