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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N20515

(5)

1. Corporation Name										
OCALA CHRISTIAN CENTER, INC.										
]				
Principal Place of Business Mailing Address										
* LEWIS E. DINKINS										
201 NORTHEAST EIGHTH AVENUE 201 NORTHEAST EIGHTH A										
OCALA FL 34470		OCALA FL 34470				3. Date Incorporated or Qualified	3a . D	ate of Last F	Report	
US		US			05/01/1987	05/01/1995				
2. Principal Place of Business		2a. Mailing Address	F			4. FEI Number		├	pplied For	
		Suito Act # eta	Suite, Apt. #, etc.			59-2948748			lot Applicable	
Suite, Apt. #, etc.		27			5. Certificate of Status Desired		+	Additional Required		
City & State	2	City & State	<u> </u>			6. Election Campaign Financing		· · · · · · · · · · · · · · · · · · ·	May Be	
23	,	28				Trust Fund Contribution			to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for in			199.032,	
24 25 29 30 9. Name and Address of Current Registered Agent				Florida Statutes Yes No 10. Name and Address of New Registered Agent						
	G. 1100/1100 string research to the work was	Tiogration rigorit		81 N	anie	10. Halio dila Addiosa V. 1101 110	Aintoina	- Agoin		
DINKINS, LEWIS E.				82 Si		ss (P.O. Box Number is Not Acceptable	Λ.			
201 NE EIGHTH AVENUE				82 0	reet Addres	3S (P.O. DOX NUMBER IS NOT ACCEPTABLE	")			
OCALA FL 34470				83						
-				84 Ci	ity			85 Zip	Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, tr					<u> </u>	*	FL	.		
or register	ed agent, or both, in the State of Florid	 Such change was authe 	orized by the c	ve-nam orporat	ed corporat ion's board	ion submits this statement for the purp of directors. I hereby accept the appoi	ose of ch ntment as	anging its re i registered	egistered office agent. I am	
	th, and accept the obligations of, Section	on 617.0503, Florida Statu	ites.	•				-	Ĭ	
SIGNATURE _	Signature, typed or printed name of registered agent a	and the Lapphrable	(NOTE Registered	Aoent sign	eture required v	others readistatical	DATE			
12.	OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12	
TITLE	PD	PD DELETE		1 1 TITLE				☐ Change	Addition	
NAME	LOWERY, MICHAEL L.		1 2 NA	1.2 NAME						
STREET ADDRESS	4600 N.E. 21ST COURT		13 ST	1 3 STREET ADDRESS						
CITY-ST-ZP				14 CITY-ST-ZIP		·		C Obanga		
TITLE	VD VCAN CARV			TILE WIF		rector NG DucharME D. BOX 1039 EINSCHALE, FL. 32195 REASURER		☐ Change	Addition	
NAME STREET ADDRESS	1. C. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			2 2 NAME KI 2 3 STREET ADDRESS P.C		1 200 1038				
CITY-ST-ZP	5912 N.W. 219 ST. ROAD MCINTOSH FL			2 4 CITY-ST-ZIP		FULL Dale. FL. 32195				
TITLE			2 4 LI	LE TO		reasurer		Change	Addition	
NAME			3 2 NA	ME	'			-	_	
STREET ADORESS	3215 N.E. 15TH AVE		3 3 ST	REET ADDI	RESS					
CITY-ST-ZP	OCALA FL		3 4 CI	TY - ST - ZI	Р					
TITLE	TD	DELETE	4.1 111	LE	50	crefory		Change	☐ Addition	
NAME	BURKHALTER, JAMES		4 2 N	AME:		`				
STREET ADDRESS	ROUTE 3, BOX 57K-1		4.3 ST	neet addi	RESS					
CITY-ST-2P	HAWTHORNE FL	DELETE		Y-SI-ZIF	······				— 4.0000	
TITLE	D LOWEDY BADDADA		5 1 TiT					☐ Change	Addition	
NAME STOCET ADODESS	LOWERY, BARBARA		5 2 NA		neec					
STREET ADDRESS	4600 N.E. 21ST COURT			REET ADDI						
CITY-ST-Z-P TITLE	OCALA FL D	A FL 54 □ DELETE 61		Y-ST-ZIF	1/10	VICE PRESIDENT/DIVERNT		Change	Addition	
NAME	_		6.2 NA					and a		
STREET ADDRESS	14610 S.E. 99TH AVE.			REET ADDI	RESS					
CITY-ST-ZIP	SUMMERFIELD FL 34491			Y - ST - 21F						

I. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 officer

SIGNATURE AND TYPED OR PRINTED WASHE OF SIGNING DEFICER OR DIRECTOR

SIGNATURE:

4/16/96 (38)670-8484 Days Prone ii