

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

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

3. Date Incorporated or Qualified

**05/01/1987**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD  
LOWERY, MICHAEL L.  
STREET ADDRESS 4600 N.E. 21ST COURT  
CITY-ST-ZIP Ocala FL**

TITLE ☒ DELETE

NAME **VD  
KEAN, GARY  
STREET ADDRESS 5912 N.W. 219 ST. ROAD  
CITY-ST-ZIP MCINTOSH FL**

TITLE ☐ DELETE

NAME **SD  
BRYANT, ROBERT  
STREET ADDRESS 3215 N.E. 15TH AVE  
CITY-ST-ZIP Ocala FL**

TITLE ☐ DELETE

NAME **TD  
BURKHALTER, JAMES  
STREET ADDRESS ROUTE 3, BOX 57K-1  
CITY-ST-ZIP HAWTHORNE FL**

TITLE ☐ DELETE

NAME **D  
LOWERY, BARBARA  
STREET ADDRESS 4600 N.E. 21ST COURT  
CITY-ST-ZIP Ocala FL**

TITLE ☐ DELETE

NAME **D  
LUDWIG, CHRIS J  
STREET ADDRESS 14610 S.E. 99TH AVE.  
CITY-ST-ZIP SUMMERFIELD FL 34491**

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

(352) 620-8484

CR2E037 (12/95)