


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90055 041 ****61.25

DOCUMENT # N27893

1. Entity Name
COUNTRYSIDE PRESBYTERIAN CHURCH OF OCALA, INC.



Principal Place of Business
 7708 SW STATE ROAD 200
 OCALA, FL 34476 US

Mailing Address
 7708 SW STATE ROAD 200
 OCALA, FL 34476 US

2. Principal Place of Business
 7768 SW HIGHWAY 200
 Suite, Apt. #, etc.

3. Mailing Address
 7768 SW HIGHWAY 200
 Suite, Apt. #, etc.

City & State
 Zip Country



01112005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
STEDDOM, MARY B.
 1701 S.E. FT. KING STREET
 OCALA, FL 34471

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name
FENTON G. OVELLY

Street Address (P.O. Box Number is Not Acceptable)
9072-A SW 96TH LANE

City
OCALA FL Zip Code **34481**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Fenton G. Ovelly* DATE **3/24/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OVERLY, FENTON G 9072-A SW 96TH LANE OCALA, FL 34481	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CATO, PAUL 11078 SW 69TH CIRCLE OCALA, FL 34476	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WELLER, IRMA 6417 SW 62ND AVE. OCALA, FL 34474	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HETZEL JR., KEN 9269 SW 82ND LANE OCALA, FL 34481	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Fenton G. Ovelly* DATE: **3/24/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #