## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # N27893** 03-19-2007 90062 039 \*\*\*\*61.25 COUNTRYSIDE PRESBYTERIAN CHURCH OF OCALA, Principal Place of Business Mailing Address 4000 7768 SW HIGHWAY 200 7768 SW HIGHWAY 200 OCALA, FL 34476 OCALA, FL 34476 2. Principal Place of Business - No P.O. 8ox # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252007 Chg-NP CR2E037 (12/06) City & State Applied For 4. FEI Number NOT APPLICABLE City & State Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name OVERLY, FENTON G Street Address (P.O. Box Number is Not Acceptable) 9072-A SW 96TH LANE OCALA, FL 34481 Zip Code City FI 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Delete TITLE Addition TITLE NAME CATO, PAUL NAME IEE DEAL 8761 SW 54 TH CT STREET ADDRESS 11078 SW 69TH CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA, FL 34476 SD M Change ■ Addition TITLE Delete TITLE GAIL LOTT 9822 SW 6212 TELL WELLER, IRMA NAME NAME STREET ADDRESS STREET ADDRESS 6417 SW 62ND AVE. CITY-ST-ZIP OCALA, FL 34474 CITY-ST-ZIP TD ☐ Change Addition TITLE ☐ Delete TITLE HETZEL JR., KEN NAME STREET ADDRESS 9269 SW 92ND LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA, FL 34481 TITLE Delete ☐ Change ☐ Addition MOULTHROP, GINA NAME NAME STREET ADDRESS 8362 SW 62 CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA, FL 34476 ΤΙΈ ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

IAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE:

HETZEL, JL., TREASUKER

FILED

Mar 19, 2007 8:00 am