


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90070 019 ****61.25

DOCUMENT # N27893

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



Principal Place of Business Mailing Address
 7768 SW HIGHWAY 200 7768 SW HIGHWAY 200
 OCALA, FL 34476 US OCALA, FL 34476 US

00001100



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02202008 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

OVERLY, FENTON G
 9072-A SW 96TH LANE
 OCALA, FL 34481

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

Filing Fee is \$61.25
Due by May 1, 2008

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	P	<input type="checkbox"/> Delete
NAME	DEAL, LEE	
STREET ADDRESS	8761 SW 54TH	
CITY-ST-ZIP	OCALA, FL 34476	
TITLE	S	<input type="checkbox"/> Delete
NAME	LOTT, GAIL	
STREET ADDRESS	9822 SW 62ND TERR	
CITY-ST-ZIP	OCALA, FL 34474	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HETZEL JR., KEN	
STREET ADDRESS	9269 SW 92ND LANE	
CITY-ST-ZIP	OCALA, FL 34481	
TITLE	V	<input type="checkbox"/> Delete
NAME	MOULTHROP, GINA	
STREET ADDRESS	8362 SW 62 CT	
CITY-ST-ZIP	OCALA, FL 34476	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD POWELL	
STREET ADDRESS	9603 SW 71 ST LOOP	
CITY-ST-ZIP	OCALA, FL 34481	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: *Richard Powell* 3/20/08 352-257-4633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #