

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90020 034 ****61.25

DOCUMENT # N36001

1. Entity Name

MARANATHA BAPTIST CHURCH OF OCALA, INC.



Principal Place of Business

525 MARION OAKS TRAIL
OCALA FL 34473
US

Mailing Address

525 MARION OAKS TRAIL
OCALA FL 34473
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2987409

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OSBORNE, CLIFF
9121 SW 91ST CIRCLE
OCALA FL 34481

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 PD ☒ Delete
NAME BRADFORD, LENDALL
STREET ADDRESS 11470 SW 75TH TERRACE
CITY-ST-ZIP OCALA FL

TITLE D ☒ Delete
NAME HEWITT, ROBERT
STREET ADDRESS 10620 SW 2750 AVE LOT E9
CITY-ST-ZIP OCALA FL 34476

TITLE S ☒ Delete
NAME GILLETTE, JANET
STREET ADDRESS 10557 S.W. 62 COURT
CITY-ST-ZIP OCALA FL 34481

TITLE T ☒ Delete
NAME BAKER, RUTH ELLEN
STREET ADDRESS 8005 S MAGNOLIA AVE
CITY-ST-ZIP OCALA FL

TITLE VD ☒ Delete
NAME BAKER, DUANE
STREET ADDRESS 8005 S. MAGNOLIA AVE
CITY-ST-ZIP OCALA FL 34476

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition
NAME Osborne, Clifton
STREET ADDRESS 9121 SW 91st Circle
CITY-ST-ZIP Ocala, FL 34481

TITLE VP ☒ Change ☐ Addition
NAME Bob Morgan
STREET ADDRESS 11269 SW 75th Terrace
CITY-ST-ZIP Ocala, FL 34476

TITLE S ☒ Change ☐ Addition
NAME Hauser, Betty
STREET ADDRESS 14883 SW 35th Circle
CITY-ST-ZIP Ocala, FL 34473

TITLE T ☒ Change ☐ Addition
NAME Gatch, Mary
STREET ADDRESS 5700 SW 108th Street
CITY-ST-ZIP Ocala, FL 34476

TITLE D ☒ Change ☐ Addition
NAME Mort, Keith
STREET ADDRESS 2828 SW 137th Lane
CITY-ST-ZIP Ocala, FL 34473

TITLE ☐ Change ☐ 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 Section 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: *Clifton Osborne* CLIFTON OSBORNE 02-27-06

352-854-5561