2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# N40868

Entity Name: LIFE TABERNACLE OF OCALA, INC.

Current Principal Place of Business:

2940 NE 35TH ST
OCALA, FL 34479 US

New Principal Place of Business:

Current Mailing Address:

2940 NE 35TH ST
OCALA, FL 34479 US

New Mailing Address:

FEI Number: 59-3040178 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BASS, THOMAS W REV.
3205 NE 49TH ST.
OCALA, FL 34479 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: MEADE, DONALD SR
Address: PO BOX 6208
City-St-Zip: AKRON, OH 44312

Title: DV ( ) Delete
Name: BASS, J. T.,
Address: 2420 NE 57TH PLACE
City-St-Zip: OCALA, FL

Title: DP ( ) Delete
Name: BASS, THOMAS W REV
Address: 3205 NE 49TH STREET
City-St-Zip: OCALA, FL 34479

Title: DT ( ) Delete
Name: ROWLEY, JOY A
Address: 8125 GILLIAM RD
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS WADE BASS DP 05/01/2007

Electronic Signature of Signing Officer or Director — Date