FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:06

DOCUMENT # N46112 (1)

1. Corporation Name
FOUNTAINGATE CHURCH OF OCALA, INCORPORATED

Principal Place of Business	Mailing Address
2337 E SILVER SPRINGS BLVD OCALA FL 34470 US	PO BOX 6769 OCALA FL 34478-6769 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/20/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3103546 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

9. Name and Address of Current Registered Agent

CASSIDY, RAYMOND B.
5050 N.E. 4TH STREET
OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 3899 S.E. 59th Place
83
84 City: FL 85 Zip Code: 34480

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: RAYMOND B. CASSIDY, PRESIDENT — 4/27/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	CASSIDY, RAYMOND B.	12 NAME		
STREET ADDRESS	POST OFFICE BOX 6769 N/A	13 STREET ADDRESS	3899 S.E. 59th Place	
CITY-ST-ZIP	OCALA FL	14 CITY-ST-ZIP	Ocala, FL 34478	
TITLE	D	21 TITLE		☐ Change ☒ Addition
NAME	CASSIDY, MARY ANN	22 NAME		
STREET ADDRESS	POST OFFICE BOX 6769 N/A	23 STREET ADDRESS	3899 S.E. 59th Place	
CITY-ST-ZIP	OCALA FL	24 CITY-ST-ZIP	Ocala, FL 34478	
TITLE	D	31 TITLE		☒ Change ☐ Addition
NAME	DEWLEN, LAYNE N.	32 NAME	Smoot, David M.	
STREET ADDRESS	7146 SE 94TH LN	33 STREET ADDRESS	P. O. Box 6769	4911 S.E. 40th Ter
CITY-ST-ZIP	OCALA FL	34 CITY-ST-ZIP	Ocala, FL 34478	Ocala, FL 34480
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	REMITTED BY MAY 1	☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary Ann Cassidy — Secretary/Treasurer — 4/27/95 — 904-622-4331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0085801