

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 03 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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

3. Date Incorporated or Qualified 11/20/1991
3a. Date of Last Report 03/21/1996

2. Principal Place of Business 21 807 S.W. 3rd Ave Suite, Apt. #, etc. 22 Suite A-1 City & State 23 Ocala, FL Zip 24 34474	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	4. FEI Number 59-3103546 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---	---

9. Name and Address of Current Registered Agent

CASSIDY, RAYMOND B.
3899 SE 59TH PL
OCALA FL 34480

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
	D	CASSIDY, RAYMOND B.	3899 SE 59TH PL OCALA FL	<input type="checkbox"/> DELETE																							
	D	CASSIDY, MARY ANN	3899 SE 59TH PL OCALA FL	<input type="checkbox"/> DELETE																							
	D	SMOOT, DAVID M	P O BOX 6769 OCALA FL	<input type="checkbox"/> DELETE																							
				<input type="checkbox"/> DELETE																							
				<input type="checkbox"/> DELETE																							
				<input type="checkbox"/> DELETE																							
				<input type="checkbox"/> DELETE																							

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)