# 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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:38

DOCUMENT # N49035 (1)

1. Corporation Name
DOWNTOWN BAPTIST CHURCH OF OCALA, INC.

Principal Place of Business
1632 E. SILVER SPRINGS BLVD.
OCALA FL 33471
US

Mailing Address
P.O. BOX 4073
OCALA FL 34478
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/1992
3a. Date of Last Report: 02/11/1994
4. FEI Number: 59-3147466 ☐ 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 1632 E.Silver Springs Blvd
Suite, Apt. #, etc.
22 Ocala, Fl. 34471
City & State
23
Zip 24
Country 25 Marion

2a. Mailing Address
26 P. O. Box 4073
Suite, Apt. #, etc.
27
City & State
28 Ocala, Fl. 34478
Zip 29
Country 30 Marion

9. Name and Address of Current Registered Agent
SEAY, JOHN W.
1323 S.E. 38TH COURT
OCALA FL 32671

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | SEAY, JOHN W. |
| STREET ADDRESS | 1323 SE 38TH COURT |
| CITY-ST-ZIP | OCALA FL |
| TITLE | D |
| NAME | TOMYN, ANNE N. |
| STREET ADDRESS | 1211 SE SANCHEZ AVE |
| CITY-ST-ZIP | OCALA FL |
| TITLE | D |
| NAME | HOWELL, W.E. |
| STREET ADDRESS | 621 SE 46TH CT |
| CITY-ST-ZIP | OCALA FL |
| TITLE | D |
| NAME | GADD, BILLY G. |
| STREET ADDRESS | 1147 SE 14TH STREET |
| CITY-ST-ZIP | OCALA FL |
| TITLE | D |
| NAME | CATES, ELLEN |
| STREET ADDRESS | 2024 SE 8TH ST |
| CITY-ST-ZIP | OCALA FL |
| TITLE | D |
| NAME | HASTINGS, W.E. |
| STREET ADDRESS | 5002 SE 107TH PLACE |
| CITY-ST-ZIP | BELLEVIEW FL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — DATE

| | | |
|---|---|---|
| 1.1 TITLE | 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| 2.1 TITLE | 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| 3.1 TITLE | 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| 4.1 TITLE | 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| 5.1 TITLE | 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| 6.1 TITLE | 6.2 NAME, 6.3 STREET ADDRESS, 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

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)(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.

SIGNATURE: Billy G. Gadd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Billy G. Gadd, Treasurer

1-22-95 (904) 351-5571
DATE Daytime Phone #

0048485