## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Feb 09, 2005 8:00 am **Secretary of State** DOCUMENT # N49035 1. Entity Name 02-09-2005 90045 046 \*\*\*\*61.25 DOWNTOWN BAPTIST CHURCH OF OCALA, INC. Principal Place of Business Mailing Address 1635 SE FT. KING ST OCALA FL 33471 1635 SE FT. KING ST OCALA FL 33471 CUCATOUD 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State Applied For 4. FEI Number 59-3147466 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SEAY, JOHN W. 1323 S.E. 38TH COURT OCALA FL 32671 Street Address (P.O. Box Number is Not Acceptable) 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ૧<u>૦ જો પ્રતિકાર</u> કે મોર્કેટ સંસ્થા કરે 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Addition ☐ Delete TITLE Change | SEAY, JOHN W. NAME NAME 1323 SE 38TH COURT STREET ADDRESS STREET ADDRESS OCALA FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition TOMYN, ANNE N. NAME NAME 1211 SE SANCHEZ AVE STREET ADDRESS STREET ADDRESS OCALA FL CITY-ST-7IP CHY-ST-7P Delete TITLE ☐ Change ☐ Addition HOWELL, W.E. NAME 621 SE\_46TH,CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA FL CITY-ST-70P THILE **M**, Delete TITLE ☐ Addition ☐ Change GADD, BILLY G. NAME NAME 1147 SE 14TH STREET STREET ADDRESS STREET ADDRESS OCALA FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete CATES, ELLEN NAME NAME 2024 SE 8TH ST STREET ADDRESS STREET ADDRESS OCALA FL CITY-ST-ZIP CITY-ST-7IP TITLE 🔼 Delete TITLE Change ☐ Addition HASTINGS, W.E. NAME NAME 5002 SE 107TH PLACE STREET ADDRESS STREET ADDRESS BELLEVIEW FL CITY-ST-ZIP CITY-ST-ZIP 12. I 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 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.

NONG OFFICER OR DIRECTOR

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Davtime Phone #

FILED