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 JAN 30 AM 9:22

DOCUMENT # N49129 (2)

1. Corporation Name
CHRIST GOSPEL CHURCH OF OCALA, FLORIDA INC.

Principal Place of Business	Mailing Address
P.O. BOX 4345 OCALA FL 34478 US	P.O. BOX 4345 OCALA FL 34478 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/27/1992
3a. Date of Last Report: 08/10/1994
4. FEI Number: 65-0359341 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
Zip 24 / Country 25 / Zip 29 / Country 30
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

9. Name and Address of Current Registered Agent

SHAW, JEFFREY
1822 S.W. 5HT ST.
OCALA FL 34474

10. Name and Address of New Registered Agent

81 Name: Shaw Jeffrey
82 Street Address (P.O. Box Number Is Not Acceptable): 5465 NW 7E PL
83
84 City: Ocala FL 85 Zip Code: 34475

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] Board member 1-23-95
Signature, type 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	P	1.1 TITLE		☐ Change ☐ Addition
NAME	WOODYARD, WAYNE	1.2 NAME		
STREET ADDRESS	385 N.W. 60TH AVE.	1.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34475	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	WOODYARD, JENA	2.2 NAME		
STREET ADDRESS	385 NW.. 60TH AVE.	2.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34475	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	D	☑ Change ☐ Addition
NAME	MITCHELL, RUBY	3.2 NAME	Mitchell, Ruby	
STREET ADDRESS	1313 CAMBRIDGE DRIVE	3.3 STREET ADDRESS	2000, Park Circle, Apt #8	
CITY-ST-ZIP	LEESBURG FL	3.4 CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	HAMILTON, VENUS	4.2 NAME		
STREET ADDRESS	4212 S.E. 145 ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	SUMMERFIELD FL 34491	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☑ Change ☐ Addition
NAME	SHAW, JEFFREY	5.2 NAME	Shaw, Jeffrey	
STREET ADDRESS	1822 S.W. 5TH ST.	5.3 STREET ADDRESS	5465 N.W. 7E PL	
CITY-ST-ZIP	OCALA FL 34474	5.4 CITY-ST-ZIP	Ocala FL 34475	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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: [signature] Rev. Wayne Woodyard 1-23-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0088487