FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996 8/23/96 6-7860-NC

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

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

3. Date Incorporated or Qualified: 05/27/1992

3a. Date of Last Report: 01/30/1995

4. FEI Number: 65-0359341 — Applied For / Not Applicable

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

5. Certificate of Status Desired ☑ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

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
5465 NW 7TH PL
OCALA FL 34475

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 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 ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	WOODYARD, WAYNE	
STREET ADDRESS	385 N.W. 60TH AVE.	
CITY-ST-ZIP	OCALA FL 34475	
TITLE	V	☐ DELETE
NAME	WOODYARD, JENA	
STREET ADDRESS	385 NW.. 60TH AVE.	
CITY-ST-ZIP	OCALA FL 34475	
TITLE	D	☐ DELETE
NAME	MITCHELL, RUBY	
STREET ADDRESS	2000 PARK CIRCLE, APT. #8	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	☐ DELETE
NAME	HAMILTON, VENUS	
STREET ADDRESS	4212 S.E. 145 ST.	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	D	☐ DELETE
NAME	SHAW, JEFFREY	
STREET ADDRESS	5465 NW 7TH PL	
CITY-ST-ZIP	OCALA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
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		

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: Rev. Wayne Woodyard — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 8-10-96 Date — (352) 620-2457 Daytime Phone #

CR2E037 (12/95)