

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

P.O. BOX 4345
OCALA FL 34478
US

Mailing Address

P.O. BOX 4345
OCALA FL 34478-4345
US

97 SEP 26 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



3. Date Incorporated or Qualified **05/27/1992** 3a. Date of Last Report **08/22/1996**

4. FEI Number **65-0359341** 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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

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 IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **000002307020--4**
1.3 STREET ADDRESS **-09/29/97--01192--001**
1.4 CITY-ST-ZIP *******70.00 *****70.00**

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 ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)