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Oct 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

65-0359341

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHAW, JEFFREY
5465 NW 7TH PL
OCALA FL 34475

81 Name

MAZIE OLIVER

82 Street Address (P.O. Box Number is Not Acceptable)

83

1941 N.W. 5TH ST

84 City

OCALA

FL

85 Zip Code

34475

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

Mazie Oliver

Signature, typed 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 ☐ DELETE

NAME **P**
STREET ADDRESS **WOODYARD, WAYNE**
CITY-ST-ZIP **385 N.W. 60TH AVE.**
OCALA FL 34475

TITLE ☐ DELETE

NAME **V**
STREET ADDRESS **WOODYARD, JENA**
CITY-ST-ZIP **385 NW. 60TH AVE.**
OCALA FL 34475

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **MITCHELL, RUBY**
CITY-ST-ZIP **2000 PARK CIRCLE, APT. #8**
LEESBURG FL

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **HAMILTON, VENUS**
CITY-ST-ZIP **4212 S.E. 145 ST.**
SUMMERFIELD FL 34491

TITLE ☒ DELETE

NAME **D**
STREET ADDRESS **SHAW, JEFFREY**
CITY-ST-ZIP **5465 NW 7TH PL**
OCALA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

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

D
MAZIE OLIVER

1941 N.W. 5TH ST

OCALA FL 34475

14. 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 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:

W. Cam...

9-26-98

(350) 620-2457

CR2E037 (1097)