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**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90060 018 \*\*\*\*61.25

0070692

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N49129**

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  
US



123036 90060 318 6

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

05/27/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

65-0359341

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OLIVER, MAZIE**  
**1941 NW 5TH ST**  
**OCALA FL 34475**

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **OLIVER, MAZIE**  
STREET ADDRESS **1941 NW 5TH ST**  
CITY-ST-ZIP **OCALA FL 34475**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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, with all other like empowered.

SIGNATURE:

*Wayne Woodyard* **Wayne Woodyard** 1/31/99 352-620-2457

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)