


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90042 016 ****61.25

DOCUMENT # N50032
 1. Entity Name
FIRST CHRISTIAN CHURCH OF OCALA, INC.



Principal Place of Business Mailing Address
 1908 SE FT. KING ST. 1908 SE FT. KING ST.
 OCALA FL 34471 OCALA FL 34471



1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **59-1452751** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SHELTON, MARY J
640 S.E. 56TH AVE.
OCALA FL 34471

7. Name and Address of New Registered Agent
 Name **Charles Durfee**
 Street Address (P.O. Box Number is Not Acceptable)
10945 SW 77th Court
Charles H. Durfee
 City **Ocala** **FL** Zip Code **34476**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE *Charles H. Durfee*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	CD SCHORE, JEAN <input checked="" type="checkbox"/> Delete 4225 S.E.17TH LN OCALA FL 34471
TITLE NAME STREET ADDRESS CITY ST ZIP	D RINGGOLD, KAY <input checked="" type="checkbox"/> Delete 3810 S.E. 11TH PL OCALA FL 34471
TITLE NAME STREET ADDRESS CITY ST ZIP	DS WATSON, LAURA <input type="checkbox"/> Delete 3531 SW 30TH TERR. OCALA FL 34471
TITLE NAME STREET ADDRESS CITY ST ZIP	T HUTCHINSON, NANCY <input checked="" type="checkbox"/> Delete 4415 S.E. 2ND PL OCALA FL 34471
TITLE NAME STREET ADDRESS CITY ST ZIP	D SHELTON, MARY J <input checked="" type="checkbox"/> Delete 640 S.E. 56TH AVE. OCALA FL 34471
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	CD Charles Durfee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10945 SW 77th Court Ocala, FL 34476
TITLE NAME STREET ADDRESS CITY ST ZIP	D Marcia Foster <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2201 SE 25th Street Ocala, FL 34472
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	T Benjamin Hayes <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7110 SE 12th Circle Ocala, FL 34480
TITLE NAME STREET ADDRESS CITY ST ZIP	D James Burgess <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5490 SE 127th Place Bellevue, FL 34420
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles H. Durfee*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #