

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90033 049 \*\*\*\*61.25

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



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



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State

4. FEI Number: **59-1452751**  
 Applied For:  Not Applicable

Zip: Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**DURFEE, CHARLES**  
**10945 SW 77TH CT**  
**OCALA FL 34476**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and the filer (note: Registered Agent signature is not required for this filing) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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	CD	<input checked="" type="checkbox"/> Delete
NAME	DURFEE, CHARLES	
STREET ADDRESS	10945 SW 77TH CT	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FOSTER, MARCIA	
STREET ADDRESS	2201 SE 25TH STREET	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WATSON, LAURA	
STREET ADDRESS	3531 SW 30TH TERR.	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAYES, BENJAMIN	
STREET ADDRESS	7110 SE 12TH CR.	
CITY-ST-ZIP	OCALA FL 34480	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURGESS, JAMES	
STREET ADDRESS	5490 SE 127TH PLACE	
CITY-ST-ZIP	BELLEVUE FL 34420	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUTCHINSON, BRUCE	
STREET ADDRESS	4415 SE 2ND PLACE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELDW, MARY	
STREET ADDRESS	1137 NE 42ND AVENUE	
CITY-ST-ZIP	OCALA FL 34470	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Laura M. Hutson*

*1/29/08*