

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N93000005682 (0)**

1. Corporation Name

**THE OCALA CHURCH OF JESUS CHRIST, RESTORATION BRANCH, INC.**



Principal Place of Business

Mailing Address

**4933 SE 40TH TERRACE  
OCALA FL 34480-8517**

**4933 SE 40TH TERRACE  
OCALA FL 34480-8517**

3. Date Incorporated or Qualified  
**12/15/1993**

3a. Date of Last Report  
**01/30/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALLEN, VERNON A  
4933 SE 40TH TERRACE  
OCALA FL 34480-8517**

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 firm if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **ALLEN, VERNON A**  
STREET ADDRESS **4933 SE 40TH TERRACE**  
CITY-ST-ZIP **OCALA FL 34480**

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

TITLE **SD** ☒ DELETE  
NAME **ANDREWS, SHIRLEY N**  
STREET ADDRESS **917 W. MADISON**  
CITY-ST-ZIP **STARKE FL 32091**

2.1 TITLE **Secretary/Director** ☐ Change ☒ Addition  
2.2 NAME **Dorothy Holland**  
2.3 STREET ADDRESS **6040 S.E.**  
2.4 CITY-ST-ZIP **Belleview, FL 34420**

TITLE **TD** ☒ DELETE  
NAME **LEVITT, WILLIAM**  
STREET ADDRESS **8420 SW 2ND CT.**  
CITY-ST-ZIP **OCALA FL**

3.1 TITLE **Treasurer/Director** ☐ Change ☒ Addition  
3.2 NAME **John Canada**  
3.3 STREET ADDRESS **8445 W 2nd Ct**  
3.4 CITY-ST-ZIP **Ocala FL 34476**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE **800001761528** ☐ Change ☐ Addition  
5.2 NAME **-03/28/96--01087--012**  
5.3 STREET ADDRESS **\*\*\*61.25**  
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Vernon A. Allen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/24/96 352-620-2344**

Date Daytime Phone #

CR2E037 (12/95)