


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000005682 1. Entity Name THE OCALA CHURCH OF JESUS CHRIST, RESTORATION BRANCH, INC.	
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Principal Place of Business 4933 SE 40TH TERRACE OCALA, FL 34480-8517	Mailing Address 4933 SE 40TH TERRACE OCALA, FL 34480-8517
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01122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3206949	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ALLEN, VERNON A 4933 SE 40TH TERRACE OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CHAMBERS-HOLLAND, DOROTHY 6040 SE 126 ST. BELLEVIEW, FL 34420
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ALLEN, DOROTHY 4933 SE 40 TERR OCALA, FL 34480
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/26/05-80004-004 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/16/04

Daytime Phone if

352-237-2111
x1563