2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # N93000005682

1. Entity 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

01062007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3206949
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 Vern Allen Vern Allen 1/14/07
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, 2007

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

U00000614183
02/06/07-80015-010 61.25

10. OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Vern Allen Vern Allen 1/14/07 352-237-2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #