## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 18, 2008 8:00 am

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DOCUMENT # N9400001791  1. Entity Name FELLOWSHIP BAPTIST CHURCH OF OCALA, INC.								08 90005 0			
Principal Place of Business 5675 N.W. 110TH AVE. OCALA, FL 34482		5675	Mailing Address 5675 N.W. 110TH AVE. OCALA, FL 34482				4880MB1 816	18111 <b>-</b> 11841 -118112 -118114	<b>42</b> 18 <b>48</b> 81 <b>48</b> 141 114	in 1 <b>8610</b> (B <b>210</b> (B2	MB) B1 (981
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				.··					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01092008	Chg-NP	CR2E03	7 (12/06)		
City & State		City & State					4. FEI Number Applied For 59-2975622 Not Applied				
Zip Country		Zip	Zip		Country		5. Certificate of	of Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Curren	t Registered	d Agent				7. Name and	Address of New	Registered A	\gent	
OUTLAW, JOHN W				Name							
196 NW 10 OCALA, FI	00TH AVENUE L 34482					daress (	ddress (P.O. Box Number is Not Acceptable)				
					City			<del>-</del>	FL	Zip Code	•
	named entity submits this statement	for the purpo	se of changing its	registere	ed office or	register	ed agent, or both	n, in the State of		amiliar with,	and accept
the obligat	tions of registered agent.										
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if appli	cable. (NOTE	: Regislered	1 Agent signatu	required	when reinstating)		DATE		
Filling Fee is \$61.25  Due by May 1, 2008  9. Election Campaign Trust Fund Contrib				npaign F	inancina			1 2 3 4 4	2-76	*. * _2 _2/2	
	Due by May 1, 2008		Trust Fund C				\$5.00 May Be Added to Fees		Make check lorida Depar	payable to	
10.	Due by May 1, 2008 OFFICERS AND D	IRECTORS	Trust Fund C						lorida Depar	payable to tment of St	ate
TITLE	OFFICERS AND D	IRECTORS	Trust Fund C	11.	on.		Added to Fees		lorida Depar	payable to tment of St	ate
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D DVP ULRICH, JIM 5877 NW 64 STREET OCALA, FL 34482	IRECTORS	C. □ Delete	11. TITLE NAME STRE CITY	ET ADDRESS		Added to Fees		lorida Depar	ipayable to timent of St RECTORS IN	ate  10  Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-629-5379