

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N94000003286 (1)**

1. Corporation Name

**1ST CHRISTIAN CHURCH REMANENTE FIEL OF OCALA, IN
C.**

Principal Place of Business

Mailing Address

**401 S.E. 19 AVE.
OCALA FL 34471**

**P.O. BOX 334
OCALA FL 34478**



3. Date Incorporated or Qualified

07/01/1994

3a. Date of Last Report

04/04/1995

2. Principal Place of Business

2a. Mailing Address

21 **401 S.E. 19 Ave**

26 **BOX 6145**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **OCAL, FLO.**

27 **OCALA, FLO**

City & State

City & State

23 **OCAL, FLO.**

28 **34478.**

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARIN, LILLIAN
4041 S.E. 20TH TERRACE
OCALA FL 34471**

81 Name **LILLIAN MARIN**

82 Street Address (P.O. Box Number is Not Acceptable)

**4041 S.E. 20 TERRACE
OCALA, 34471.**

83

84 City **OCALA**

FL

85 Zip Code **34471**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PT** ☐ DELETE
NAME **MARIN, LILLIAN**
STREET ADDRESS **401 S.E. 19TH AVENUE**
CITY-ST-ZIP **OCALA FL 34471**

1.1 TITLE **PT** ☐ Change ☐ Addition
1.2 NAME **LILLIAN MARIN**
1.3 STREET ADDRESS **401 S.E. 19 Ave**
1.4 CITY-ST-ZIP **OCALA, FLO 34471**

TITLE **ST** ☒ DELETE
NAME **ALLENDE, JOANNE**
STREET ADDRESS **401 S.E. 19TH AVENUE**
CITY-ST-ZIP **OCALA FL 34471**

2.1 TITLE **ST** ☒ Change ☐ Addition
2.2 NAME **LUISA BONILLA**
2.3 STREET ADDRESS **401 S.E. 19 Ave.**
2.4 CITY-ST-ZIP **OCALA, FLO 34471.**

TITLE **T** ☒ DELETE
NAME **FONSECA, MARIO**
STREET ADDRESS **401 S.E. 19TH AVENUE**
CITY-ST-ZIP **OCALA FL 34471**

3.1 TITLE **T** ☐ Change ☐ Addition
3.2 NAME **CASTULO FREYTES**
3.3 STREET ADDRESS **401 S.E. 19 Ave**
3.4 CITY-ST-ZIP **OCALA, FLO. 34471**

TITLE **T** ☐ DELETE
NAME **FREYTES, CASTULO**
STREET ADDRESS **401 S.E. 19 AVE.**
CITY-ST-ZIP **OCALA FL 34471**

4.1 TITLE **S.T.** ☒ Change ☐ Addition
4.2 NAME **RAUL LOPEZ**
4.3 STREET ADDRESS **401 S.E. 19 Ave.**
4.4 CITY-ST-ZIP **OCALA, FLO. 34471.**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0018888

CR2E037 (3/96)