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Aug 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003286 (1)**

1. Corporation Name

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

Principal Place of Business

Mailing Address

~~401 S.E. 19th Ave.~~
217 N.E. 13 ST.
OCALA FL 34471
OCALA, FL. 34470

~~PO BOX 334~~
217 N.E. 13 ST.
OCALA FL 34470
OCALA FL. 34470



2. Principal Place of Business

2a. Mailing Address

21 217 N.E. 13st.

26 BOX 334

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ocala

27

City & State

City & State

23 Ocala FLORIDA

28 Ocala, FLORIDA

Zip

Zip

24 34470

29 34470

3. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
07/01/1994

3a. Date of Last Report
07/25/1996

4. FEI Number

Applied For

~~14-0000000000~~ **59-3449159**

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No ☒

10. Name and Address of New Registered Agent

81 Name

MARIN LILLIAN

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

59 BANYAN CORSE

83

84 City

OCALA

FL

85

Zip Code

34472

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.

3/15/97

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

TITLE ☐ DELETE

PT
MARIN, LILLIAN
401 S.E. 19TH AVENUE
OCALA FL 34471

TITLE ☐ DELETE

ST
BONILLA, LUISA
401 S.E. 19TH AVENUE
OCALA FL

TITLE ☐ DELETE

FREYTES, CASTULO
401 S.E. 19TH AVENUE
OCALA FL

TITLE ☐ DELETE

ST
LOPEZ, RAUL
401 S.E. 19 AVE.
OCALA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

PT
MARIN LILLIAN
59 Banyan corse
OCALA, FL. 34472

2.1 TITLE ☒ Change ☐ Addition

Secretary Awilda Fonseca
5471 S.E. 2nd St.
OCALA, FL. 34471

3.1 TITLE ☒ Change ☐ Addition

WANDA MELENDEZ
217 N.E. 13 ST.
OCALA, FL. 34470.

4.1 TITLE ☐ Change ☐ Addition

ST
RAUL LOPEZ
217 N.E. 13St.
OCALA, FL. 34470

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

300002277813

-08/26/97--01070--020

*****70.00**

PE
8.22

14. I do 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 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.

CR2E037 (9/96)