

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N94000004514 (5)

1. Corporation Name
"THE CHURCH WITHOUT WALLS, INC."



Principal Place of Business: 13 N.E. 36TH AVENUE, OCALA FL 34470
Mailing Address: 13 N.E. 36TH AVENUE, OCALA FL 34470

3. Date Incorporated or Qualified: 09/09/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3262320
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City, State, Zip, and Country.

9. Name and Address of Current Registered Agent

BULLOCK, JAMES R JR.
13 N.E. 36TH AVENUE
OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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 re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARY, FAYE	1.2 NAME	BULLOCK, JR. JAMES R. REV.
STREET ADDRESS	5710 SOUTH MAGNOLIA AVENUE	1.3 STREET ADDRESS	13 NE 36th AVENUE
CITY-ST-ZIP	OCALA FL 34470	1.4 CITY-ST-ZIP	OCALA, FL 34470
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BULLOCK, JR., JAMES R REV.	2.2 NAME	WOODSON, FLORENCE
STREET ADDRESS	13 N.E. 36TH AVENUE	2.3 STREET ADDRESS	4 WATER PASS
CITY-ST-ZIP	OCALA FL 34470	2.4 CITY-ST-ZIP	OCALA, FL 34472
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RITTER, SHIRLEY	3.2 NAME	MC INTYRE MARY
STREET ADDRESS	1109 S.E. 5TH STREET	3.3 STREET ADDRESS	P.O. Box 1512 "N/A"
CITY-ST-ZIP	OCALA FL 34471	3.4 CITY-ST-ZIP	BELLEVIEW, FL 34421
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARNEY, VIRGINIA	4.2 NAME	LACINA, RICHARD E
STREET ADDRESS	4765 N. E. 28TH TERRACE	4.3 STREET ADDRESS	10817 S.W. 88th COURT
CITY-ST-ZIP	OCALA FL 34479	4.4 CITY-ST-ZIP	OCALA, FL 34481
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNA, DONALD REV.	5.2 NAME	GARY, FAYE
STREET ADDRESS	9330 S.W 105TH STREET	5.3 STREET ADDRESS	5710 SO. MAGNOLIA AVENUE
CITY-ST-ZIP	OCALA FL 34481-7614	5.4 CITY-ST-ZIP	OCALA, FL 34470
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, STANLEY REV.	6.2 NAME	RITTER, SHIRLEY
STREET ADDRESS	18140 N. HIGHWAY 329	6.3 STREET ADDRESS	1109 S.E. 5th STREET
CITY-ST-ZIP	REDDICK FL 34486	6.4 CITY-ST-ZIP	OCALA, FL 34470

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

Jan R Bell

4-9-96

Date

Daytime Phone #

904-1244121

CR2E037 (12/95)