


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90126 015 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000004514**

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

147977 - 90126 - 15

Principal Place of Business 13 N.E. 36TH AVENUE OCALA FL 34470	Mailing Address 13 N.E. 36TH AVENUE OCALA FL 34470
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/09/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3262320
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	FL 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GARY, FAYE	
STREET ADDRESS	5710 SOUTH MAGNOLIA AVENUE	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BULLOCK, JR., JAMES R REV.	
STREET ADDRESS	13 N.E. 36TH AVENUE	
CITY-ST-ZIP	OCALA FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	JIMMY GARRETT JR	
STREET ADDRESS	6525 SW 138TH TERR	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SHIRLEY HANKINSON	
STREET ADDRESS	3334 SE 4TH ST	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LACINA, VIRGINIA	
STREET ADDRESS	10877 SW 88TH COURT	
CITY-ST-ZIP	OCALA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LACINA, RICHARD E.	
STREET ADDRESS	10877 SW 88TH COURT	
CITY-ST-ZIP	OCALA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Shirley Ritter	
1.3 STREET ADDRESS	728 S.E. Ft. King St.	
1.4 CITY-ST-ZIP	Ocala, FL 34478-1161	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jackie Gary	
2.3 STREET ADDRESS	5521 S. Magnolia Ave.	
2.4 CITY-ST-ZIP	Ocala, FL 34474	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jimmy Garrett, Sr.	
3.3 STREET ADDRESS	6525 S.W. 38th Terr.	
3.4 CITY-ST-ZIP	Ocala, FL 34481	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

**SIGNATURE:** Shirley Hankinson **REQUIRED** Shirley Hankinson 1/21/99 352-694-3647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)