

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90103 002 ****61.25

DOCUMENT # N94000004514

1. Entity Name

"THE CHURCH WITHOUT WALLS, INC."

Principal Place of Business

Mailing Address

13 N.E. 36TH AVENUE
 Ocala FL 34470

13 N.E. 36TH AVENUE
 Ocala FL 34470-1302

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3262320

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BULLOCK, JAMES R JR.
13 N.E. 38TH AVENUE
OCALA FL 34470

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	PD	<input type="checkbox"/> Delete
NAME	GARRETT, JIMMY SR	
STREET ADDRESS	8525 SW 38TH 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	VPD	<input type="checkbox"/> Delete
NAME	RITTER, SHIRLEY	
STREET ADDRESS	728 SE FT KING ST	
CITY-ST-ZIP	OCALA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GARY, JACKIE	
STREET ADDRESS	5521 S MAGNOLIA AVE	
CITY-ST-ZIP	OCALA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

Shirley Hankinson Jan. 1/19/2000 (352) 624-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRE037 (9/99)