

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

0078549

DOCUMENT # N94000004514

1. Entity Name

"THE CHURCH WITHOUT WALLS, INC."

01-19-2001 90027 016 \*\*\*\*61.25

Principal Place of Business

13 N.E. 36TH AVENUE  
 Ocala FL 34470

Mailing Address

13 N.E. 36TH AVENUE  
 Ocala FL 34470

A0006885



DO NOT WRITE IN THIS SPACE

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

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BULLOCK, JAMES R JR.  
 13 N.E. 36TH 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  
 NAME: GARY, FAYE  
 STREET ADDRESS: 5710 SOUTH MAGNOLIA AVENUE  
 CITY-ST-ZIP: Ocala FL  Delete

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: D  
 NAME: BULLOCK, JR., JAMES R REV.  
 STREET ADDRESS: 13 N.E. 36TH AVENUE  
 CITY-ST-ZIP: Ocala FL  Delete

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: PD  
 NAME: GARRETT, JIMMY SR  
 STREET ADDRESS: 6525 SW 38TH TERR  
 CITY-ST-ZIP: Ocala FL 34481  Delete

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: TD  
 NAME: SHIRLEY HANKINSON  
 STREET ADDRESS: 3334 SE 4TH ST  
 CITY-ST-ZIP: Ocala FL 34471  Delete

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: VPD  
 NAME: RITTER, SHIRLEY  
 STREET ADDRESS: 728 SE FT KING ST  
 CITY-ST-ZIP: Ocala FL  Delete

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: SD  
 NAME: GARY, JACKIE  
 STREET ADDRESS: 5521 S MAGNOLIA AVE  
 CITY-ST-ZIP: Ocala FL  Delete

TITLE:  Change  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 M. Hankinson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shirley M. Hankinson

1/07/01

(352)694-3647

Date

Daytime Phone #

CR2E037 (10/00)