

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90077 004 \*\*\*\*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**

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

*Shirley M. Hankinson*

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**  Delete  
 NAME **GARY, FAYE**  
 STREET ADDRESS **5710 SOUTH MAGNOLIA AVENUE**  
 CITY-ST-ZIP **OCALA FL**

TITLE **VD**  Change  Addition  
 NAME **Gary, Faye**  
 STREET ADDRESS **5710 S Magnolia Ave**  
 CITY-ST-ZIP **Ocala FL 34481**

TITLE **D**  Delete  
 NAME **BULLOCK, JR., JAMES R REV.**  
 STREET ADDRESS **13 N.E. 36TH AVENUE**  
 CITY-ST-ZIP **OCALA FL 34470**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE **D**  Change  Addition  
 NAME **Garrett, Jimmy Sr.**  
 STREET ADDRESS **6525 SW 38th Terr**  
 CITY-ST-ZIP **Ocala FL 34481**

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE **SD**  Change  Addition  
 NAME **Ritter, Shirley**  
 STREET ADDRESS **728 SE Ft King St**  
 CITY-ST-ZIP **Ocala FL 34478**

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

TITLE **PD**  Change  Addition  
 NAME **McLean, Martie**  
 STREET ADDRESS **1139 SE 14th Terr**  
 CITY-ST-ZIP **Ocala FL 34471**

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

Date

Daytime Phone #

CR2E037 (9/01)