


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000004514**  
 1. Entity 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



04112006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 59-3262320 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BULLOCK, JAMES R JR,  
 13 N.E. 36TH AVENUE  
 OCALA, FL 34470

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARY, FAYE 5710 SOUTH MAGNOLIA AVENUE OCALA, FL 34481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BULLOCK, JR., JAMES R REV. 13 N.E. 36TH AVENUE OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUERGENS, RUSTY 1401 SW 23RD PL. OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHIRLEY HANKINSON 3334 SE 4TH ST OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RITTER, SHIRLEY 728 SE FT KING ST OCALA, FL 34478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEDDOM, MARY 210 SOUTHEAST 15TH AVENUE OCALA, FL 34471

U00000508264  
 04/27/06-80096-003 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 [Signature] **EXEC. DIREC.** 4-11-06 352-624-2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date Phone #