

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 01, 2007
Secretary of State**

DOCUMENT# N94000004514

Entity Name: "THE CHURCH WITHOUT WALLS, INC."

Current Principal Place of Business:

13 N.E. 36TH AVENUE
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

13 N.E. 36TH AVENUE
OCALA, FL 34470

New Mailing Address:

FEI Number: 59-3262320 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BULLOCK, JAMES R JR.
13 N.E. 36TH AVENUE
OCALA, FL 34470 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: GARY, FAYE
Address: 5710 SOUTH MAGNOLIA AVENUE
City-St-Zip: Ocala, FL 34481

Title: P () Delete
Name: BULLOCK, JR., JAMES R REV.
Address: 13 N.E. 36TH AVENUE
City-St-Zip: Ocala, FL

Title: D () Delete
Name: JUERGENS, RUSTY
Address: 1401 SW 23RD PL.
City-St-Zip: Ocala, FL 34474

Title: TD () Delete
Name: SHIRLEY HANKINSON,
Address: 3334 SE 4TH ST
City-St-Zip: Ocala, FL 34471

Title: D () Delete
Name: RITTER, SHIRLEY
Address: 728 SE FT KING ST
City-St-Zip: Ocala, FL 34478

Title: S () Delete
Name: STEDDOM, MARY
Address: 210 SOUTHEAST 15TH AVENUE
City-St-Zip: Ocala, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE SEAMAN

EXEC

02/01/2007

Electronic Signature of Signing Officer or Director

_____ Date