

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004514

FILED  
Feb 01, 2007  
Secretary of State

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  
Name:  
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