

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004514

FILED
May 19, 2009
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 (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

Title: SD () Delete
Name: STEDDOM, MARY
Address: 210 SE 15 AVE
City-St-Zip: Ocala, FL 34471

Title: D () Delete
Name: JUERGENS, RUSTY
Address: 1727 SE 28 ST
City-St-Zip: Ocala, FL 34471

Title: D () Delete
Name: RITTER, SHIRLEY
Address: PO BOX 1161
City-St-Zip: Ocala, FL 34478

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: HORNE, JOYCE-ELLEN
Address: 728 SE 28TH AVENUE
City-St-Zip: Ocala, FL 34471

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

Title: D (X) Change () Addition
Name: HANKINSON, SHIRLEY
Address: 3334 SE 4 ST
City-St-Zip: Ocala, FL 34471

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

Title: D (X) Change () Addition
Name: DEE, WESTFALL
Address: 513 SE 8TH STREET
City-St-Zip: Ocala, FL 34471

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

I hereby certify that the information supplied with this filing does not qualify 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: JIM BULLOCK

Electronic Signature of Signing Officer or Director

REV.

05/19/2009

_____ Date