

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000002628**

1. Entity Name  
OCALA SPRINGS BAPTIST CHURCH INC.



Principal Place of Business

5000 NE 36 AVE ROAD  
OCALA, FL 34479

Mailing Address

5000 NE 36 AVE ROAD  
OCALA, FL 34479



01092006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3274544

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

OLIVER, W E  
3312 NE 12TH STREET  
OCALA, FL 34470-5602

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when remaining)

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 D  
NAME RUSS, JOSEPH L  
STREET ADDRESS 1840 NE 115TH TERR  
CITY-ST-ZIP SILVER SPRINGS, FL 34488

TITLE D  
NAME IDELL, GERALDINE J  
STREET ADDRESS 487 NE 64TH AVENUE  
CITY-ST-ZIP Ocala, FL 34470

TITLE D  
NAME WILLIS, CHERYL  
STREET ADDRESS 161 NE 51ST ST.  
CITY-ST-ZIP Ocala, FL 34479

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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02/07/06-80007-017 70.00

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Cheryl Willis* 1/24/06 (352) 840-8203

Date

Daytime Phone #