

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 06, 2008 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**



01212008 No Chg-NP

CR2E037 (4/06)

**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**

**YOUNG, RICHARD**  
**560 NE 63RD COURT**  
**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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

000000818298  
02/15/08-80031-020 70.00

**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**

**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:** *Cheryl Willis* **CHERYL WILLIS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/4/08*  
Date

*352-840-8203*  
Daytime Phone #