2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N96000002361

Entity Name: NEW VISION BAPTIST CHURCH OCALA, INC.

Current Principal Place of Business:

10461 SE MARICAMP ROAD
OCALA, FL 34472

New Principal Place of Business:

Current Mailing Address:

10461 SE MARICAMP ROAD
OCALA, FL 34472

New Mailing Address:

FEI Number: 59-3280734 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOLES, ELVIN P PASTOR
47 SILVER PLACE
OCALA, FL 34472 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:	D	( ) Delete
Name:	BOLES, ELVIN	
Address:	47 SILVER PLACE	
City-St-Zip:	OCALA, FL 34472	
Title:	T	( ) Delete
Name:	REDDING, JACK E TRUSTE	
Address:	12961 SE 120TH. STREET	
City-St-Zip:	OCKLAWAHA, FL 32179	
Title:	TS	( ) Delete
Name:	WILSON, JAMES	
Address:	545 SILVER COURSE TERR.	
City-St-Zip:	OCALA, FL 34472	
Title:	T	( ) Delete
Name:	HOFFMAN, DOUGLAS TRUSTEE	
Address:	11785 SE 136 TH. CT.	
City-St-Zip:	OCKLAWAHA, FL 32179	

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:	T	(X) Change ( ) Addition
Name:	LYNCH, JAMES L TRUSTEE	
Address:	1921 N. W. 44TH.	
City-St-Zip:	OCALA, FL 34475	

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: ELVIN BOLES D 04/22/2009

Electronic Signature of Signing Officer or Director — Date