

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000716

FILED  
Apr 24, 2006  
Secretary of State

Entity Name: CALVARY CHAPEL OF OCALA, INC.

**Current Principal Place of Business:**

212 S. MAGNOLIA AVE.  
OCALA, FL 34474

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6646  
OCALA, FL 34478

**New Mailing Address:**

FEI Number: 59-3426713

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EWING, RODNEY E  
212 S. MAGNOLIA AVE.  
OCALA, FL 34474 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: PSTD ( ) Delete  
Name: EWING, RODNEY E  
Address: 6043 SE 126TH STREET  
City-St-Zip: BELLEVUE, FL 34420

Title: D ( ) Delete  
Name: ROSADO, ISRAEL  
Address: 22408 OVERTURE CR.  
City-St-Zip: BOCA RATON, FL 33428

Title: D ( ) Delete  
Name: O'BLINIS, FREDERICK G  
Address: 9060 SW 91ST CIRCLE  
City-St-Zip: OCALA, FL 34481

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: D ( ) Change (X) Addition  
Name: POLAK, TIM  
Address: 1119 SE 32ND AVENUE  
City-St-Zip: OCALA, FL 34471

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: RODNEY E. EWING

PSTD

04/24/2006

Electronic Signature of Signing Officer or Director

Date