

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90046 024 \*\*\*\*61.25

**DOCUMENT # N97000005588**

1. Entity Name

OCALA WORSHIP CENTER, INC.



Principal Place of Business

1845 SW 1ST AVE.  
OCALA FL 34474

Mailing Address

1845 SW 1ST AVE.  
OCALA FL 34474

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1845 SW 1st Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Ocala F

Zip

Country

Zip

34471

Country

4. FEI Number

59-3481785

Applied For

No: Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

MCCRANIE, BARNEY L  
1845 SW 1ST AVE.  
OCALA FL 34474

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is not Acceptable)

City

FL

Zip Code

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 fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to:**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MCCRANIE, BARNEY L  
STREET ADDRESS 1845 SW 1ST AVE.  
CITY- ST- ZIP Ocala FL 34474 ☐ Delete

TITLE VD  
NAME ETHINGTON, KRIS  
STREET ADDRESS 3650 SE 117TH TERRACE  
CITY- ST- ZIP MORRISTON FL 32668 ☐ Delete

TITLE ST  
NAME MCCRANIE, SHARON  
STREET ADDRESS 7158 SE 124TH LANE  
CITY- ST- ZIP BELLEVUE FL 34420 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Barney McCranie*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-08 (352) 629-3188

Date

Signature Page #