

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005588

FILED  
Mar 04, 2009  
Secretary of State

Entity Name: OCALA WORSHIP CENTER, INC.

**Current Principal Place of Business:**

1845 SW 1ST AVE.  
OCALA, FL 34474

**New Principal Place of Business:**

1845 SW 1ST AVE.  
OCALA, FL 34471

**Current Mailing Address:**

1845 SW 1ST AVE.  
OCALA, FL 34471

**New Mailing Address:**

FEI Number: 59-3481785

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

MCCRANIE, BARNEY L  
1845 SW 1ST AVE.  
OCALA, FL 34471 US

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:

03/04/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MCCRANIE, BARNEY L  
Address: 1845 SW 1ST AVE.  
City-St-Zip: OCALA, FL 34474

Title: VD ( ) Delete  
Name: ETHINGTON, KRIS  
Address: 3650 SE 117TH TERRACE  
City-St-Zip: MORRISTON, FL 32668

Title: ST ( ) Delete  
Name: MCCRANIE, SHARON  
Address: 7158 SE 124TH LANE  
City-St-Zip: BELLEVIEW, FL 34420

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MCCRANIE, BARNEY L  
Address: 1845 SW 1ST AVE.  
City-St-Zip: OCALA, FL 34471

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BARNEY L. MCCRANIE

PD

03/04/2009

Electronic Signature of Signing Officer or Director

Date