

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90096 014 ****61.25

DOCUMENT # N99000000718

1. Entity Name

FIRST FREE WILL BAPTIST CHURCH OF OCALA, INC.



Principal Place of Business

2210 N.E. 24TH STREET
OCALA FL 34470

Mailing Address

2210 N.E. 24TH STREET
OCALA FL 34470

JUU60607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

58-1542098

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMPkins, KENNY
2210 N.E. 24TH STREET
OCALA FL 34470

7. Name and Address of New Registered Agent

Name Smith, Dan

Street Address (P.O. Box Number is Not Acceptable)
2210 NE 24th Street

City Ocala

FL

Zip Code
34470

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

DAN SMITH / Dan Smith

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

(NOTE: Registered Agent signature required when reinstating)

DATE

22 Feb 05

FILE NOW: FEE IS \$61.25

Due By May 1, 2005

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	SD	<input checked="" type="checkbox"/> Delete
NAME	THOMPkins, JULIA	
STREET ADDRESS	2210 NE 24 STREET	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCCROSKEY, ART	
STREET ADDRESS	2210 NE 24TH STREET	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTCHER, JAMES	
STREET ADDRESS	2210 NE 24TH STREET	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	BDM	<input checked="" type="checkbox"/> Delete
NAME	SMITH, DAN	
STREET ADDRESS	2210 NE 24TH ST	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	BDM	<input type="checkbox"/> Delete
NAME	ROBERTS, BOB	
STREET ADDRESS	2210 NE 24TH ST	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	BDM	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, GEORGE	
STREET ADDRESS	2210 NE 24TH ST	
CITY-ST-ZIP	OCALA FL 34470	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLIER, PATRICIA	
STREET ADDRESS	2210 NE 24th Street	
CITY-ST-ZIP	Ocala FL 34470	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cox, Phyllis	
STREET ADDRESS	2210 NE 24th Street	
CITY-ST-ZIP	Ocala, FL 34470	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hammond, Charles	
STREET ADDRESS	2210 NE 24th Street	
CITY-ST-ZIP	Ocala, FL 34470	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: James Butcher / James Butcher 3/16/05 732-5628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #