


# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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FILED

06 DEC -7 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



6. Name and Address of Current Registered Agent  SMITH, DAN 2210 N.E. 24TH STREET OCALA, FL 34470	7. Name and Address of New Registered Agent Name <u>Hammond, Charles</u> Street Address (P.O. Box Number is Not Acceptable) <u>2210 NE 24 ST</u> City <u>Ocala</u> FL <u>34470</u>
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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 Charles Hammond Charles Hammond 12/5/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COLLIER, PATRICIA 2210 NE 24 STREET OCALA, FL 34470 <input checked="" type="checkbox"/> Delete <input type="checkbox"/> Keep	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400082364464 12/07/06--01042--003 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCROSKEY, ART 2210 NE 24TH STREET OCALA, FL 34470 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Cox, Phyllis 2210 NE 24 ST Ocala, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTCHER, JAMES 2210 NE 24TH STREET OCALA, FL 34470 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D. Ryan Clark 2210 NE 24th St Ocala, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BDM COX, PHYLLIS 2210 NE 24TH ST OCALA, FL 34470 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BDM Bedard, B. Way 2210 NE 24th St Ocala, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BDM ROBERTS, BOB 2210 NE 24TH ST OCALA, FL 34470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BDM HAMMOND, CHARLES 2210 NE 24TH ST OCALA, FL 34470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Phyllis M. Cox Phyllis M. Cox 12/5/06 352-861-7072  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2012

12/05/06

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sirs:

This letter is being sent along with the check for \$70.00 for the Reinstatement of our corporation. We did not receive the annual report notices for the year. The \$70.00 is: \$61.25 for report and \$8.75 for the Certificate of Status.

Please Reinstate our corporation "First Free Will Baptist Church of Ocala, Inc." Included is the 2006 Not-For-Profit Corporation Reinstatement Report and Check for \$70.00 and this letter of Non-Receipt of notices.

Thank You,

Sincerely,



Phyllis M. Cox, Treasurer &  
Board Member  
FIRST FREEWILL BAPTIST CHURCH OF OCALA, INC.  
2210 NE 24th St.  
Ocala, FL 34470  
(352)732-5628