2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N99000000718

Entity Name: FIRST FREE WILL BAPTIST CHURCH OF OCALA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 58-1542098 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COX, PHYLLIS
2210 N.E. 24TH STREET
OCALA, FL 34470 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:	SD	( ) Delete
Name:	POOLE, BETTYE	
Address:	2210 NE 24 ST	
City-St-Zip:	OCALA, FL 34470	
Title:	TD	( ) Delete
Name:	COX, PHYLLIS	
Address:	2210 NE 24TH STREET	
City-St-Zip:	OCALA, FL 34470	
Title:	D	( ) Delete
Name:	RYMAN, CLARK	
Address:	2210 NE 24TH STREET	
City-St-Zip:	OCALA, FL 34470	
Title:	BDM	( ) Delete
Name:	BEDARD, BRIAN	
Address:	2210 NE 24TH ST	
City-St-Zip:	OCALA, FL 34470	
Title:	BDM	( ) Delete
Name:	ROBERTS, BOB	
Address:	2210 NE 24TH ST	
City-St-Zip:	OCALA, FL 34470	
Title:	BDM	( ) Delete
Name:	MCCROSKEY, ART	
Address:	2210 NE 24TH ST	
City-St-Zip:	OCALA, FL 34470	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: PHYLLIS COX TREA 04/22/2009

Electronic Signature of Signing Officer or Director — Date