

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000055645

1. Entity Name
CHRISTIAN OUTLET OF OCALA, INC.Principal Place of Business
2800 SW 24TH NE #401
OCALA, FL 34474Mailing Address
1700 NE 50 AVE
OCALA, FL 34470

04142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0082225Applied For
Not Applicable5. Certificate of Status Desired ☐ \$6.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRANTZ, JILL E
1700 NE 50 AVE
OCALA, FL 34470DO NOT WRITE
IN THIS SPACE

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 this if applicable

(NOTE: Registered Agent's signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees000000130198
04/26/04-80109-006 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPD
FRANTZ, JILL E
1700 NE 50 AVE
OCALA, FL 34470TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPDS
FRANTZ, MELINDA
1700 NE 50 AVE
OCALA, FL 34470TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPDO NOT WRITE
IN THIS SPACE

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 807, 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: X

JILL E. FRANTZ

JILL E. FRANTZ

4-21-04

352-873-1020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ONE

Daytime Phone