## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04402

Entity Name: IMMERSE CHURCH, INC.

**Current Principal Place of Business:** 

5105 N US HWY 441 OCALA, FL 34475

**Current Mailing Address:** 

5105 N US HWY 441 OCALA, FL 34475 US

FEI Number: 59-2970478 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

TUGGERSON, LILLIE 5971 NE 57TH LOOP SILVER SPRINGS, FL 34488 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:

Electronic Signature of Registered Agent

Date

FILED Feb 22, 2024

**Secretary of State** 

3391188639CC

Officer/Director Detail:

Title BM Title BM

Name PETERSON-GAINES, CHERYL Name SNOWDEN, BENJAMIN PASTOR

PROPHETESS

Address 2025 NW 38TH PLACE Address 1330 NE 37TH LANE
City-State-Zip: OCALA FL 34479

City-State-Zip: OCALA FL 34475

Title VD

Name JOHNSON, MICHAEL Name TUGGERSON, BERNARD JR.

Address 6062 NW 61ST STREET

Address 5539 SW 83RD LANE
City-State-Zip: OCALA FL 34476

City-State-Zip: OCALA FL 34482

Title BM

Name BEARD, ROOSEVELT DEACON
Name EDWARDS, VERNA D ELDER

Address 5740 NW 65TH PLACE Address 1894 NE 28TH STREET

City-State-Zip: OCALA FL 34470

Title BM

Title BM Name ARNETT, QUIANA
Name PERRY, CHARLES ELDER

NamePERRY, CHARLES ELDERAddress6470 NW 61S5 COURTAddress7110 SW 130TH LANE ROADCity-State-Zip:OCALA FL 34482

City-State-Zip: OCALA FL 34473

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I hereby 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 all other like empowered.

SIGNATURE: VERNA EDWARDS ADMIN 02/22/2024

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title BM Title BM

NameCARTER, ROBERT PETERNameCAVE, BRAYLON SR.Address5360 SW 86TH LNAddress15040 SW 39TH CIR

City-State-Zip: OCALA FL 34476 City-State-Zip: OCALA FL 34473