

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007903

Entity Name: E. L. FORD CHRISTIAN UNIVERSITY, INC.

Current Principal Place of Business:

416 CYPRESS ROAD
OCALA, FL 34472

Current Mailing Address:

416 CYPRESS ROAD
OCALA, FL 34472

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FORD, DR. ESTELLA L
416 CYPRESS ROAD
OCALA, FL 34472 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

Officer/Director Detail :

Title PD
Name FORD, DR. ESTELLA L
Address 416 CYPRESS ROAD
City-State-Zip: Ocala FL 34472

Title SD
Name ALFORD, JAIME
Address 416 CYPRESS ROAD
City-State-Zip: Ocala FL 34472

Title TD
Name PALMER, DR. CORA L
Address 416 CYPRESS ROAD
City-State-Zip: Ocala FL 34472

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: DR. ESTELLA L. FORD

PASTOR

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date