

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N1400000229

**Entity Name:** CITY CHURCH OF OCALA, INC

**Current Principal Place of Business:**

343 NE 1ST AVENUE,  
UNIT A  
OCALA, FL 34470

**Current Mailing Address:**

PO BOX 830206  
OCALA, FL 34483

**FEI Number: 46-4543770**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CABEZUDO, JOSE M REV  
13 HEMLOCK RUN  
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 T  
Name AIDZA, PEREZ L  
Address PO BOX 830206  
City-State-Zip: Ocala FL 34483

Title TR  
Name TROCHE, SAM  
Address PO BOX 830206  
City-State-Zip: Ocala FL 34483

Title S  
Name NAZARIO, ELIZABETH  
Address PO BOX 830206  
City-State-Zip: Ocala FL 34483

Title TR  
Name CABEZUDO, ROBERTO  
Address PO BOX 830206  
City-State-Zip: Ocala FL 34483

Title P  
Name CABEZUDO, JOSE P  
Address PO BOX 830206  
City-State-Zip: Ocala FL 34483

*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: AIDZA PEREZ**

**ADMINISTRATOR**

**04/15/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date