

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03135

**Entity Name:** OCHLOCKONEE CHRISTIAN CENTER, INC.

**Current Principal Place of Business:**

131 ROSE STREET  
SOPCHOPPY, FL 32358

**Current Mailing Address:**

P.O. BOX 298  
SOPCHOPPY, FL 32358

**FEI Number:** 59-2402361

**Certificate of Status Desired:** No

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

SHARP, CARL SAMUEL  
1594 SPRING CREEK HWY  
CRAWFORDVILLE, FL 32327 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:** CARL S SHARP

01/09/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name SHARP, CARL S  
Address 1594 SPRING CREEK HWY  
City-State-Zip: CRAWFORDVILLE FL 32327

Title VD  
Name KELLETT, GEORGE  
Address 2572 SPRING CREEK ROAD  
City-State-Zip: CRAWFORDVILLE FL 32327

Title SDT  
Name SHARP, THERESA LYNN  
Address 1594 SPRING CREEK HWY  
City-State-Zip: CRAWFORDVILLE FL 32358

*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:** CARL S SHARP

PRESIDENT

01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date