	18 PY, FL 32358			
FEI Number: 59-2402361		Certificate of Status Desired: No		
Name and A	Address of Current Registered Agent:			
SHARP, CARL 1594 SPRING CRAWFORDVI				
The above name	d entity submits this statement for the purpose of changing its rec	gistered office or regis	tered agent, or both, in the State of Flo	orida.
SIGNATUR	E: CARL S SHARP			02/01/2021
				Date
	Electronic Signature of Registered Agent			Dale
Officer/Dire	ctor Detail :			Dale
Officer/Dire Title	5 5 5	Title	VD	Date
	ctor Detail :	Title Name	VD KELLETT, GEORGE	Dale
Title	ctor Detail : PD			Date
Title Name	ctor Detail : PD SHARP, CARL S 1594 SPRING CREEK HWY	Name	KELLETT, GEORGE 2572 SPRING CREEK ROAD	Date
Title Name Address	ctor Detail : PD SHARP, CARL S 1594 SPRING CREEK HWY	Name Address	KELLETT, GEORGE 2572 SPRING CREEK ROAD	Dale
Title Name Address City-State-Zip:	ctor Detail : PD SHARP, CARL S 1594 SPRING CREEK HWY CRAWFORDVILLE FL 32327	Name Address	KELLETT, GEORGE 2572 SPRING CREEK ROAD	Date
Title Name Address City-State-Zip: Title	ctor Detail : PD SHARP, CARL S 1594 SPRING CREEK HWY CRAWFORDVILLE FL 32327 SDT	Name Address	KELLETT, GEORGE 2572 SPRING CREEK ROAD	Date

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 SHARP

Electronic Signature of Signing Officer/Director Detail

Entity Name: OCHLOCKONEE CHRISTIAN CENTER, INC.

Current Principal Place of Business:

131 ROSE STREET SOPCHOPPY, FL 32358

Current Mailing Address:

P.O. BOX 209 S

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2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03135

FILED Feb 01, 2021 **Secretary of State** 3182131086CC

02/01/2021

PRESIDENT

Date