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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03135 (3)

1. Corporation Name

OCHLOCKONEE CHRISTIAN CENTER, INC.

Principal Place of Business

Mailing Address

P.O. BOX 410
STATE ROAD 299 (CURTISS MILLS RD)
SOPCHOPPY FL 32358

P.O. BOX 410
STATE ROAD 299 (CURTISS MILLS RD)
SOPCHOPPY FL 32358-0410

3. Date Incorporated or Qualified
05/04/1984

3a. Date of Last Report
04/30/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUNNING, JOHN S.
57 DICKSON ST.
SOPCHOPPY FL 32358

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, or both, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6-2-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DUNNING, JOHN
STREET ADDRESS 57 DICKSON ST.
CITY-ST-ZIP SOPCHOPPY FL

☐ DELETE

TITLE VD
NAME MADELYN CROWSON
STREET ADDRESS 2 NATURAL SPRINGS ROAD
CITY-ST-ZIP SOPCHOPPY FL

☐ DELETE

TITLE SDT
NAME DUNNING, PATSY
STREET ADDRESS 57 DICKSON ST.
CITY-ST-ZIP SOPCHOPPY FL

☐ DELETE

TITLE D
NAME CARTER, MYERS
STREET ADDRESS RT 1 BOX 573
CITY-ST-ZIP CRAWFORDVILLE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)