

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03135

1. Entity Name

OCHLOCKONEE CHRISTIAN CENTER, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2402361

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-01

850-962-3774

Date

Daytime Phone #

CR2E037 (10/00)