NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90092 019 ****61.25

DOCUMENT # N06768

1. Corporation Name

OCALA GRACE BRETHREN CHURCH INCORPORATED

Principal Place of Business

6474 NE 7TH STRET

Mailing Address

6474 NE 7TH STRET

US US						*							
2. Principal F	Place of Business 74 NE 17H STREET		ailing Address	mu S	1	REET	3. Date Incorporated or Qualifed 12/20/1984			_			
Suite, Apt.			uite, Apt. #, etc.	• • • •			4. FEI Number 59-2516658			+ ''	ied For Applicable		
City & Sta	te		ty & State		_		Certificate of Status Desired		~		Iditional		
Zip					у		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees				
4	9. Name and Address of Current		ed Agent	1001			10. Name and Address of New R	egistered A	gent		-		
	Hallo alla ridali	3	3	81	ı	Name	,						
SMALS, RONALD A.					2	Street Addr	Street Address (P.O. Box Number is Not Acceptable)						
15 ALMO				83	+								
OCALA F	L 34472			0.	1								
				84	4	City		FL	85	Zip Co	ebc		
SIGNATURE	Signature, typed or printed name of registered agent	and title if app	plicable. (NOT				nd when reinstating) ADDITIONS/CHANGES TO OFF	DATE	חות:	CTOR	 S IN 12		
12.	OFFICERS AND DIRECTORS DELETE				1.1 TITLE		ADDITIONS/CHANGES TO OFF	TOLING AIRE	Cha		Addition		
TITLE	VD		El pecere	1.2 NAME					٠٠٠٠	go			
NAME	KRIEGBAUM, ARNOLD R.					ADDRESS							
STREET ADDRESS		60		1.4 CITY-1									
CITY+ST-ZIP TITLE	SILVER SPRINGS FL 344 TD	<i>8 1</i>	☐ DELETE	2.1 TITLE	_	- 2312		-	Cha	ange	Additio		
NAME	MAXSON, RICHARD			2.2 NAME									
STREET ADDRESS						ADDRESS	-	•	-	-	•		
CITY-ST-ZIP	SILVER SPRINGS FL 344	188		2. 4 CITY-									
TITLE	S		☐ DELETE	3.1 TITLE		7			Cha	ange	Addition		
NAME	SPARZAK, CHESTER J			3.2 NAME		56	PARZAK, CHESTER J.						
STREET ADDRESS				3.3 STREE	ΕT	ADDRESS 25	ROI NE BRO ST # ID.						
CITY-ST-ZIP	OCALA FL 34470			3.4. CITY-	SI	T-ZIP	ALA, FL 34470						
TITLE	PD		☐ DELETE	4.1 TITLE			-		☐ Cha	ange	☐ Additio		
NAME	SMALS, RONALD A.			4. 2 NAME	Ε								
STREET ADDRESS	1			4.3 STREE	ĒΤ	ADDRESS							
CITY-ST-ZIP	OCALA FL 3444	72_		4.4 CITY-									
TITLE			☐ DELETE	5.1 TITLE		\ S	DOUG DOUG		Ch:	ange	Additio		
NAME				5.2 NAME		184	LOCKSON, DUCS	_					
STREET ADDRESS						ADDRESS 4	LOCKSOM, DOUG 883 SE 41ST COURT	•					
CITY-ST-ZIP				5.4 CITY-		·zip (O	CALA, FL 34480			2000	☐ Additio		
TITLE				6.1 TITLE			•		☐ Cha	элае	I (Add/00		

14. 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 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

350-236-2211