FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N20584 (1)

1. Corporation Name

OCKLAWAHA UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
13333 SE HWY C-25 P O BOX 507 OCKLAWAHA FL 32179	13333 SE HWY C-25 P O BOX 507 OCKLAWAHA FL 32179

3. Date Incorporated or Qualified: 05/11/1987
3a. Date of Last Report: 03/29/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-2320596 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HART, WILLIAM A.
13361 SE 114TH STRET RD.
OCKLAWAHA FL 32179

10. Name and Address of New Registered Agent

81 Name: HOWARD, TERRY (TP)
82 Street Address (P.O. Box Number Is Not Acceptable): 13825 S. HWY 25
83: P.O. BOX 1519
84 City: OCKLAWAHA FL 85 Zip Code: 32183

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: Terry J Howard Trustee President Feb 28 1996
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TP HART, WILLIAM A. 13361 SE 114TH STREET RD. OCKLAWANA FL	XX DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	TP HOWARD, TERRY 13825 S. HWY 25 : P.O. BOX 1519 OCKLAWAHA, FL 32183	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TV HALSTEAD, HOMER G 6652 SE 87TH ST OCALA FL	XX DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	TV O'HAGAN, SHIRLEY G. 13815 SE 124TH STREET: P.O. BOX 42 OCKLAWAHA, FL 32183	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SWANSON, MARILYN 6535 SE 166TH AVE OCKLAEAHA FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TS SWANSON, MARILYN 6535 SE 166th AVENUE OCKLAWAHA, FL 32179	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	700001740767 -03/13/96--01020--010 ***61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Terry J Howard TRUSTEE PRESIDENT Feb 28, 1996 288-4518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #