FILED
Sep 16, 2002 8:00 am
Secretary of State
08-12-2002 90001 023 ****70.00

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2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20584

1. Entity Name

OCKLAWAHA UNITED METHODIST CHURCH, INC. ✓

99384

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 32183 US

[redacted]

DO NOT WRITE IN THIS SPACE

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 59-2320596 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PAULEY, D
81 PECAN DR
OCALA FL 34472

7. Name and Address of New Registered Agent

Name: Homer Halstead T
Street Address (P.O. Box Number is Not Acceptable): P O Box 830264
6652 SE 87th St., Ocala, Fl 34472
City: Ocala FL Zip Code: 34483

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Homer H. Halstead
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, min. will be $238.25.

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TP HALSTEAD, HOMER P.O. BOX 3849 830264 OCALA FL 34478 34483	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition T. Homer Halstead 6652 SE 87th St P O Box 830264 Ocala, Florida 34483 Ocala,Fl 34472
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TVP WOELFEL, KURT P.O. BOX 37 OCKLAWAHA FL 32183	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 13960 SE 124th St T Ocklawaha, Fl. 32179
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS PHILLIPS, ROBERT 3710 SE 184TH CIRCLE OCKLAWAHA FL 32179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O. G. Sheppard T ☐ Change ☐ Addition P. O Box 1386 Belleview, Florida 34421 11105 SE Sunset Harbor Rd Summerfield, Fl. 34491
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Homer G. Halstead SIGNATURE REQUIRED Homer H. Halstead 7-30-02 352-245-8152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/02)