FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 AM 11:06

DOCUMENT # N47500 (6)

1. Corporation Name
FIRST COMMUNITY CHURCH OF OCALA, INC.

Principal Place of Business	Mailing Address
8100 S.E. 12TH COURT OCALA FL 34480 US	8100 S.E. 12TH COURT OCALA FL 34480 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1992
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-3109167 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 1811 A N.W. PINE AVE.	26 PO Box 6800
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: OCALA FL	28 City & State: OCALA FL
24 Zip: 34475 25 Country: MARION	29 Zip: 34478 30 Country: MARION

9. Name and Address of Current Registered Agent

PEOPLES, BILL
8100 S.E. 12TH COURT
OCALA FL 34480

10. Name and Address of New Registered Agent

31 Name: RUSSELL E. AMERLING
32 Street Address (P.O. Box Number is Not Acceptable): 2360 SE 51ST AVENUE
33
34 City: OCALA FL 35 Zip Code: 34471

11. Pursuant to the provisions of Section 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] RUSSELL E. AMERLING 2-23-94
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	MAZE, JOHN	1.2 NAME		
STREET ADDRESS	2012 S.E. 50TH TERRACE	1.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	U.D.	☒ Change ☐ Addition
NAME	PEPPLER, BYRON	2.2 NAME	JESSIE SIMON	
STREET ADDRESS	11657 S.E. HIGHWAY 301	2.3 STREET ADDRESS	5160 S.E. 20TH STREET	
CITY-ST-ZIP	BELLEVIEW FL	2.4 CITY-ST-ZIP	OCALA, FL 34471	
TITLE	TD	3.1 TITLE	T.S.D.	☒ Change ☐ Addition
NAME	PEOPLES, BILL	3.2 NAME	RUSSELL E. AMERLING	
STREET ADDRESS	8100 S.E. 12TH COURT	3.3 STREET ADDRESS	2360 SE 51ST AVE	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	OCALA FL 34471	
TITLE	SD	4.1 TITLE		☒ Change ☐ Addition
NAME	NESMITH, BRUCE	4.2 NAME		
STREET ADDRESS	5375 S.E. 28TH LANE	4.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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.

SIGNATURE: [signature] JOHN MAZE 2-23-95 904 624 2854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068530