# 2000 UNIFORM BUSINESS REPOR[redacted]UBR)

9/6/00-90091-035-$61.25-$61.25

DOCUMENT # N47500

1. Entity Name

FIRST COMMUNITY CHURCH OF OCALA, INC.

NEW PHYSICAL ADDRESS

FILED

00 SEP 19 AM 9:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 4060 SE 45TH CT<br>OCALA FL 34480<br>US | 3102 NE 25TH AVE<br>OCALA, FL 34470<br>US |
| P.O. BOX 830205<br>OCALA FL 34483-0205<br>US | |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 3102 NE 25th Ave<br>Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: OCALA, FL | City & State |
| Zip: 34470 Country: MARION | Zip / Country |

4. FEI Number 59-3109167 ☐ 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 |
|---|---|
| AMERLING, RUSSELL<br>2360 SE 51ST AVENUE<br>OCALA FL 34471 | Name<br>Street Address (P.O. Box Number Is Not Acceptable)<br>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 _____ RUSSELL AMERLING 9-5-00
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**
**After September 13, 2000 min. will be $236.25**

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 | PD<br>MAZE, JOHN<br>2012 SE 50TH TERR<br>OCALA FL 34471 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | KEVIN PERRY DIRECTOR<br>BOX 145<br>ANTHONY, FL 32617 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CANTRELL, RICK<br>130 ALMOND<br>OCALA FL 34472 ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TSD<br>AMERLING, RUSSELL E<br>2360 SE 51ST AVE<br>OCALA FL 34471 ☐ 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 |
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CR2E037 (5/00)

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 REQUIRED 9-5-00 352-624-2854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KE 9-18-00