## FILED May 24, 1999 8:00 am

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NONPROFIT FLORIDA DEPARTM				ATE	S	Secretai	v of S	tate	
CORPORATION Katherine				ļ	_		•		
ANNUAL REPORT Secretary of						05-24-1999 90	029 048 ***	*61.25	
	1999	DIVISION OF COR	RPORATIO	NS I					
5001									
	MENT # 707166	is.							
1. Corporati	HILLS METHODIST CHURCH	1 INC			, [1	6)		1	
UHUIU	HILLS METHODIST CHONCE	1 1110			.				
					\ \\ \*	6 605324 - 900		•	
Principal Place of Business Mailing Address					\				•
1712 SOUTHEAST LAKE WEIR ROAD 1712 SOUTHEAST LAKE WEIF					i i i i i i i i i i i i i i i i i i i				
OCALA FL 32671 UGALA FL 34471							<b>                                  </b>		
		US							
					<u> </u>			<del></del>	
2. Principal	Place of Business	Za. Mailing Address			3. Date incorporate	ed or Qualified	_		
21		26			04/16/1964 4. FEI Number	<del></del> —	Apr	olied For	
Suite, Ap	it. #, etc.	Sulta, Apt. #, etc.			59-1104459			Applicable	
22		27City & State				. 5 /	\$8.75 A	dditional	
City & St	ate	28		~~=	-5.º Certificate of Sta	itus Desired:	Fee Rec	quired	
23	Country	Zip	Country		6. Election Campa	ign Financing	\$5.00		
24					Trust Fund Con	tribution	Added to	Fees	
44.	9. Name and Address of Curren	nt Registered Agent	201	Alema =		iress of New Registe	rao Agent		
			81	Name E	ILL KICH	ARDS .			
MCKINLEY, JOANN				Street Addre	ss (P.O. Box Number	is Not Acceptable)			
720 SE 9TH AVE			83	307	<u> </u>				
OCALA	FL 34471		84			<del></del> .	85   Zip (	Code	
				City DC	0. A FI   1   5.1.(714				
11. Pursua	at to the provisions of Sections 617.05	02 and 617.1508, Florida Statutes	the above	named corpo	ration submits this sta	itement for the purpos	e of changing its popintment as res	registered gistered	
office o	moistered agent, or both, in the State		norized by a	ne corporazio	I S DOBIG OF DEFECTOR S.	C-1			
	and familiar with and accept the oblid	of Florida. Such change was autrations of Section 617,0503, Florid	a Støtutes.				1 199	' i	
1		02 and 617.1508, Florida Statutes of Florida. Such change was auti ations of Section 617.0503, Florid				<u> </u>	6/99		<u>ت</u>
SIGNATUR	Signature Inped or printed name of registered equ	ant and title if applicable. (NOTE: Ro	egistered Agent	eigneture required	when reinstating)	DAT	E		(80)
SIGNATUR	Signature, typed or printed name of registered ago OFFICERS A	ant and title if applicable. (NOTE: RIND DIRECTORS	ngistered Agent 13.	Signature required	ADDITIONS/CHA	DAT ANGES TO OFFICER	E		(11/08)
SIGNATUR	Signature, typed or printed name of registered ego OFFICERS A	ant and title if applicable. (NOTE: Ro	13.	Di	when reinstating) ADDITIONS/CHA	NGES TO OFFICER	S AND DIRECTO	RS IN 12	-
SIGNATUR 12. TITLE NAME	Signature, typed or printed name of registered ego OFFICERS A D HINKEL, DORIS	ant and title if applicable. (NOTE: RIND DIRECTORS	ngistered Agent 13.	Di	ADDITIONS/CHA RECTOR ANELLE BLU 220 S.E.	WIGES TO OFFICER  ACHU  21 ST AVE	S AND DIRECTO	RS IN 12	E037 /1
SIGNATUR  12.  TITLE  NAME  STREET ADDRE	Signature, typed or printed name of registered appropriate to the state of the stat	ant and title if applicable. (NOTE: RIND DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADDRESS 3.	ADDITIONS/CHA RECTOR ANELLE BLU 220 S.E.	DAT ANGES TO OFFICER	S AND DIRECTO	RS IN 12	-
SIGNATUR  12.  TITLE  NAME  STREET ADDRE  CITY-ST-ZIP	Signature, typed or printed name of registered ego OFFICERS A D HINKEL, DORIS	ant and title if applicable. (NOTE: RIND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS 3.	ADDITIONS/CHA RECTOR ANELLE BLU 220 S.E.	WIGES TO OFFICER  ACHU  21 ST AVE	S AND DIRECTO	RS IN 12	E037 /1
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SIGNATUR  12.  TITLE  NAME  STREET ADDRE  CITY-ST-ZP  TITLE  NAME  CITY-ST-ZP  TITLE  NAME	Signature, typed or printed name of registered age OFFICERS A  D HINKEL, DORIS 5385 SW 81ST ST OCALA FL 34476-3751 T BATLIN, JOHN 11/102 SE 16TH STDEET OCALA FL T MCIVER, MAC	ANY AND THE WEIGHTS (NOTE: REND DIRECTORS)  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME	ADDRESS ADDRESS ADDRESS 1-2P	ADDITIONS/CHA RECTOR ANELLE BLU 220 S.E.	WIGES TO OFFICER  ACHU  21 ST AVE	S AND DIRECTO Change	RS IN 12  Addition	E037 /1
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OCALA FL 34480 CITY-ST-ZIP 14. Thereby 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 sport 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 of sustee 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.

6.3 STREET ADDRESS

8.4 CITY-ST-ZIP

SIGNATURE: \_

STREET ADDRESS 3561 SE 38TH ST