Applied For Not Applicable \$8.75 Additional Fee Recuired \$5.00 May Be Added to Fees

Zip Code

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corpora	UMENT # 7232 Lition Name ONA PARK CHURCH, INC	_ • ·						
Principal P	ace of Business	Mailing Address	-	•				
U S 41 SO PO BOX 15	HTU	U S 41 SOUTH PO BOX 1575 LAKE CITY FL 32056						
2. Principa	al Place of Business	2a. Mailing Address	···		3. Date Incorporated or Qualifed 04/21/1972			
	Apt. #, etc.	Suite, Apt. #, etc.			4. FEI Number 23-7209051			
City & 5	State	City & State			5. Certifcate of Status Desired			
Zip 24	Country 25	Zip 29	Count	у	6. Election Campaign Financing Trust Fund Contribution			
		f Current Registered Agent			10. Name and Address of New Registered Agen			
			8	1 Nam	ne			
,	V. Elm er		8	2 Stree	et Address (P.O. Box Number is Not Acceptable)			
	1 Sou th, Rt. 6, Box 165-d City FL 32055		8	3				
			8	1	<u> </u>			
office	or registered agent or both in the	617.0502 and 617.1508, Florida Sta ne State of Florida. Such change was ne obligations of, Section 617.0503, I	s authorized b	v the co	ed corporation submits this statement for the purpose of chang proporation's board of cirectors. I hereby accept the appointmen			
SIGNATU	RE				DATE			
12.	Signature, typed or printed name of reg	ERS AND DIRECTORS	13.	ent signatu	ure required when reinstating) ADDITIC NS/CHANGES TO OFFICERS AND DIF			
TILE	PD	DELETE	1.1 TITLE					
NAME	PETRY, JAMES		1.2 NAME	į				
(AAA)AC	FEIRI, UNIVIEU				i			

FILED
Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90001 044 ****61.25

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office or n	to the provisions of Sections 617.0502 and 617.1508, Fio egistered agent, or both, in the State of Florida. Such cha m familiar with, and accept the obligations of, Section 617	nge was au	thorized by the corporation	oration submissiblists on single board of cirectors	. I hereby accept the appoin	tment as reg	stered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	AUOTE: I	Registered Agent signature required	Luben reinstation)	DATE		
12.	OFFICERS AND DIRECTORS	13.		NS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		DELETE	1.1 TITLE			Change	Addition
NAME	PETRY, JAMES		12 NAME				
	RT 1 BOX 276.RT 252 WEST		1.3 STREET ADDRESS				
STREET ADDRESS			1.4 CITY-ST-ZIP				
CITY-ST-ZIP	WELLBORN FL 32094	DELETE	2.1 TITLE			Change	☐ Addition
TITLE	VF _	DELLIC					_
NAME	JOHNSON, JAMES J		2.2 NAME				
STREET ADDRESS	RT 9 BOX 576		2.3 STREET ADDRESS				
CITY-ST-ZIP	LAKE CITY FL 32055		2. 4 CITY-ST-ZIP			D Change	Addition
TITLE	SD □	DELETE	3.1 TITLE			☐ Change	[_] Audition
NAME	Campbell, Paul		3.2 NAME				
STREET ADDRESS	RT 4 BOX 390/ RT 90 WEST		3.3 STREET ADDRESS				
CITY-ST-ZIP	LAKE CITY FL 32055		3.4, CITY-ST-ZIP				
TITLE	TD	DELETE	4.1 TITLE			Change	Addition
NAME	KRUMMRICH, JERRY		4. 2 NAME				
STREET ADDRESS	RT. 14, BOX 189 SUMMERHILL RD.		4.3 STREET ADDRESS				
CITY-ST-ZIP	LAKE CITY FL 32024		4.4 CITY-ST-ZIP	_			
TITLE		DELETE	5.1 TITLE			Change	☐ Addition
NAME .			5.2 NAME				
STREET ADDRESS	` ,		5.3 STREET ADDRESS				
CITY-ST-ZIP	·		5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
			6.4 CITY-ST-ZIP				
CITY-ST-ZIP	pertify that the information supplied with this filing does no	t qualify for		ection 119.07(3)(i), F	lorida Statutes. I further certi	ify that the in	formation

indicated on this annual report or supplies with an indicated on this annual report is strue 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, with all other like empowered.

SIGNATURE: