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**95 APR 26 PM 1:16**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**

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

**DOCUMENT # 732646 (5)**

1. Corporation Name  
**ST. PAUL'S UNITED METHODIST CHURCH OF OCALA, INC**

Principal Place of Business Mailing Address

**800 S.E. 41ST AVENUE  
OCALA FL 32671**      **800 S.E. 41 ST AVENUE  
OCALA FL 32671**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **05/02/1975**      3a. Date of Last Report **04/18/1994**

4. FEI Number **59-1656014**      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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip

24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

**HARRISON, DAVE  
3031 NE 35TH PL  
OCALA FL 34479**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 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 Dave Harrison DATE 4/19/95

Signature of person or persons to be registered agent and the if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAUGLER, ROBERT	1.2 NAME	
STREET ADDRESS	3300 SE 31ST ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA, FL 00000	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, DAVE	2.2 NAME	
STREET ADDRESS	3031 NE 35TH PL	2.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARMON, DON	3.2 NAME	
STREET ADDRESS	4410 SE 11TH PL	3.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUENNEKENS, LARRY	4.2 NAME	
STREET ADDRESS	1721 SE 38TH AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	4.4 CITY - ST - ZIP	
TITLE	SD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REASONOVER, JEAN	5.2 NAME	
STREET ADDRESS	2676 SE 52ND AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASSETT, JOE	6.2 NAME	
STREET ADDRESS	3901 SE 29TH CT	6.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	6.4 CITY - ST - ZIP	
TITLE	D	7.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STADICK, MARILYN	7.2 NAME	
STREET ADDRESS	500 SE 56TH AVE	7.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA, FL 34471	7.4 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 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dave Harrison DATE 4/19/95 (904) 237-2341

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)