

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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: 800 S.E. 41ST AVENUE, OCALA FL 32671  
Mailing Address: 800 S.E. 41ST AVENUE, OCALA FL 32671

3. Date Incorporated or Qualified: 05/02/1975  
3a. Date of Last Report: 04/26/1995

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	29	Country
25		30	

4. FEI Number	Applied For
59-1656014	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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: Larry Huennekens  
82 Street Address (P.O. Box Number is Not Acceptable): 1721 S.E. 39th Avenue  
83  
84 City: Ocala FL 85 Zip Code: 34471

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Larry D. Huennekens* Larry Huennekens DATE: 4/22/96  
Signature, typed or printed name of Registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD NAUGLER, ROBERT <input type="checkbox"/> DELETE	1.1 TITLE	300001789283 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAUGLER, ROBERT	1.2 NAME	-04/22/96--01071--037
STREET ADDRESS	3300 SE 31ST ST	1.3 STREET ADDRESS	***61.25
CITY-ST-ZIP	OCALA, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PD HARRISON, DAVE <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, DAVE	2.2 NAME	Huennekens, Larry
STREET ADDRESS	3031 NE 35TH PL	2.3 STREET ADDRESS	1721 SE 39th Ave
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	Ocala FL 34471
TITLE	VD FEW, JOHN <input type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEW, JOHN	3.2 NAME	Fleming, Bill
STREET ADDRESS	111 NE 49TH AVENUE	3.3 STREET ADDRESS	3315 NE 32nd Ave
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	Ocala FL 34479
TITLE	D HUENNEKENS, LARRY <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUENNEKENS, LARRY	4.2 NAME	Few, John
STREET ADDRESS	1721 SE 38TH AVE	4.3 STREET ADDRESS	111 NE 49th Ave
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	Ocala, FL 34470
TITLE	SD REASONOVER, JEAN <input type="checkbox"/> DELETE	5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REASONOVER, JEAN	5.2 NAME	Brunelle, Shelly
STREET ADDRESS	2676 SE 52ND AVE	5.3 STREET ADDRESS	244 SE 54th CT
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	Ocala, FL 34471
TITLE	D STADICK, MARILYN <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STADICK, MARILYN	6.2 NAME	Guiliano, Robert
STREET ADDRESS	500 SE 56TH AVENUE	6.3 STREET ADDRESS	402 NE 44th Ter
CITY-ST-ZIP	OCALA FL	6.4 CITY-ST-ZIP	Ocala, FL 34470

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Larry D. Huennekens* Larry Huennekens DATE: 4/22/96 (352)694-2161  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)

4-22-96