


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$81.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).

FILED
 Jul 30 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	22 Suite, Apt. #, etc.	2a. Mailing Address	2b. Suite, Apt. #, etc.
23 City & State	24 Zip	2c. City & State	2d. Zip
25 Country	26 Country		

3. Date Incorporated or Qualified 05/02/1975	3a. Date of Last Report 04/23/1996
4. FEI Number 59-1656014	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HUENNEKENS, LARRY
1721 S.E. 39TH AVE.
OCALA FL 34471

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	NAUGLER, ROBERT	
STREET ADDRESS	3300 SE 31ST ST	
CITY-ST-ZIP	OCALA, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HUENNEKENS, LARRY	
STREET ADDRESS	1721 SE 39TH AVE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FEW, JOHN	
STREET ADDRESS	111 NE 49TH AVE	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FLEMING, BILL	
STREET ADDRESS	3315 NE 32ND AVE	
CITY-ST-ZIP	OCALA FL 34479	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BRUNELLE, SHELLY	
STREET ADDRESS	244 SE 54TH CT.	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GUILIANO, ROBERT	
STREET ADDRESS	402 NE 44 TERRACE	
CITY-ST-ZIP	OCALA FL 34470	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOHN E. TIGHT	
1.3 STREET ADDRESS	4554 SE 13 ST	
1.4 CITY-ST-ZIP	OCALA, FL. 34471	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	STEVE LUNA	
3.3 STREET ADDRESS	909 NE 42 TER.	
3.4 CITY-ST-ZIP	OCALA, FL- 34471	
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FLEMING, Bill	
4.3 STREET ADDRESS	8315 NE 32 Ave	
4.4 CITY-ST-ZIP	OCALA, FL- 34479	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BOB TRUKSBURY	
5.3 STREET ADDRESS	3453 SE 25 AVE	
5.4 CITY-ST-ZIP	OCALA, FL 34471	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	HEATHER GRUBER	
6.3 STREET ADDRESS	4405 SE 2 PLACE	
6.4 CITY-ST-ZIP	OCALA FL 34471	

14. I do 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 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 _____ SIGNATURE REQUIRED _____

CFR2E037 (4/97)