


FILE NOW: FILING FEE IS \$61.25

FILED

**May 13 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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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3. Date Incorporated or Qualified 05/02/1975		
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	29. Country
25. Country	30. Country

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. City	
84. City	85. Zip Code

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 type="checkbox"/> DELETE
NAME	TIGHT, JOHN E	
STREET ADDRESS	4554 SE 13 ST	
CITY-ST-ZIP	OCALA, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TEWKSBURY, BOB	
STREET ADDRESS	3453 SE 25 AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LUNG, STEVE	
STREET ADDRESS	909 NE 42 TERR	
CITY-ST-ZIP	OCALA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FLEMING, BILL	
STREET ADDRESS	3315 NE 32ND AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BRUNELLE, SHELLY	
STREET ADDRESS	244 SE 54TH CT.	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRUBER, HEATHER	
STREET ADDRESS	4405 SE 2 PLACE	
CITY-ST-ZIP	OCALA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lung, Steve	
1.3 STREET ADDRESS	909 NE 42 TERR	
1.4 CITY-ST-ZIP	OCALA, FL. 34471	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LOREN SMITH	
2.3 STREET ADDRESS	4502 NE 12 ST	
2.4 CITY-ST-ZIP	OCALA, FL. 34470	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: _____

CR2E037 (10/97)