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**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 732646

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

05/02/1975

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

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

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TD  DELETE  
 NAME TIGHT, JOHN E  
 STREET ADDRESS 4554 SE 13 ST  
 CITY-ST-ZIP OCALA, FL 00000

TITLE D  DELETE  
 NAME TEWKSBURY, BOB  
 STREET ADDRESS 3453 SE 25 AVE  
 CITY-ST-ZIP OCALA FL

TITLE PD  DELETE  
 NAME LUNG, STEVE  
 STREET ADDRESS 909 NE 42 TERR  
 CITY-ST-ZIP OCALA FL

TITLE VD  DELETE  
 NAME FLEMING, BILL  
 STREET ADDRESS 4502 NE 12 STREET  
 CITY-ST-ZIP OCALA FL 34470

TITLE SD  DELETE  
 NAME BRUNELLE, SHELLY  
 STREET ADDRESS 244 SE 54TH CT.  
 CITY-ST-ZIP OCALA FL 34471

TITLE D  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  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME P D  
 2.3 STREET ADDRESS Tewksbury, Bob  
 2.4 CITY-ST-ZIP 3453 /SE 25 Ave  
 Ocala FL

3.1 TITLE  Change  Addition  
 3.2 NAME D  
 3.3 STREET ADDRESS Anna Limeberry  
 3.4 CITY-ST-ZIP 4460 SE 57 Lane  
 Ocala FL

4.1 TITLE  Change  Addition  
 4.2 NAME VD  
 4.3 STREET ADDRESS Ray Wasson  
 4.4 CITY-ST-ZIP 4559 NE 6 St  
 Ocala, FL

5.1 TITLE  Change  Addition  
 5.2 NAME SD Loren Smith  
 5.3 STREET ADDRESS 4502 NE 12 St  
 5.4 CITY-ST-ZIP Ocala FL

6.1 TITLE  Change  Addition  
 6.2 NAME D Howard Hitchcock  
 6.3 STREET ADDRESS 2624 SE 30 P1  
 6.4 CITY-ST-ZIP Ocala FL

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, with all other like empowered.

SIGNATURE:

*David B. Leonard*  
 David B. Leonard  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99 352-694-2161  
 Date Daytime Phone #

CR2E037 (1/98)