

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732646

1. Entity Name

ST. PAUL'S UNITED METHODIST CHURCH OF OCALA, INC

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90152 035 \*\*\*\*61.25

Principal Place of Business

Mailing Address

800 S.E. 41ST AVENUE  
 OCALA FL 32074

800 S.E. 41ST AVENUE  
 OCALA FL 34471-4870



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1656014

Applied For

Not Applicable

Zip

34471

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	TIGHT, JOHN E	
STREET ADDRESS	4554 SE 13 ST	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TEWKSBUARY, BOB	
STREET ADDRESS	3453 SE 25 AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TEWSBURY, BOB	
STREET ADDRESS	3453 SE 25 AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIMEBERRY, ANNA	
STREET ADDRESS	4460 SE 57 LANE	
CITY-ST-ZIP	OCALA FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WASSON, RAY	
STREET ADDRESS	4559 NE 6 ST	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMITH, LOREN	
STREET ADDRESS	4502 NE 12 ST	
CITY-ST-ZIP	OCALA FL	

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hall, Kelly	
STREET ADDRESS	5001 SE 41st Ave	
CITY-ST-ZIP	Ocala, FL 34480	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dinkins, Arlene	
STREET ADDRESS	12916 NE C-314	
CITY-ST-ZIP	Silver Springs, FL 34488-2378	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dillehay, Wilmer	
STREET ADDRESS	2021 SE 30th Ave	
CITY-ST-ZIP	Ocala, FL 34471	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Watson, Edwin	
STREET ADDRESS	211 E Gleneagles Rd, B	
CITY-ST-ZIP	Ocala, FL 34472-3373	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature* REQUIRED

4-20-00

352-694-2161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)