

2002 UNIFORM BUSINESS REPORT (UBR)

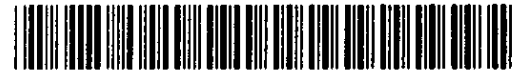
FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90333 004 ****61.25

DOCUMENT # 732646

1. Entity 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
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1656014	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HUENNEKENS, LARRY
 1721 S.E. 39TH AVE.
 OCALA FL 34471**

7. Name and Address of New Registered Agent
 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 _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HALL, KELLY 5001 SE 41ST AVE OCALA FL 34480	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DINKINS, ARLENE 12916 NE C-314 SILVER SPRINGS FL 34488	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DILLEHAY, WILMER 2021 SE 38TH AVE OCALA FL 34471	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DENMAN, CARL 4611 SE 13TH ST. OCALA FL 34471	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BICE, JEAN 4123 SW 3TH CT. OCALA FL 34474	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTON, MARYLOU 11 PECAN RUN PASS OCALA FL 34472	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Barnes, Margaret 17 SE 61st Ct Ocala, FL 34472	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Fisher, Carroll 5580 SE 22nd Pl Ocala, FL 34471	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dillehay, Wilmer 2021 SE 38th Ave Ocala, FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Denman, Carl 4611 SE 13th St Ocala, FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bevis, Patricia 2635 SE 29th Ln Ocala, FL 34471	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Young, Clyde 3113 SE 39th Ave Ocala, FL 34471	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Scott B. Wallace*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 2002 624-3860
 Date Daytime Phone #

CR2E037 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

0053982

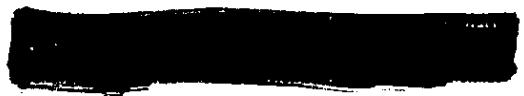
DOCUMENT # 732646 *700447*

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

Attachment

Principal Place of Business Mailing Address

**800 S.E. 41ST AVENUE
 OCALA FL 32671** **800 S.E. 41ST AVENUE
 OCALA FL 32671**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

59-1656014 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)



9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**



10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HALL, KELLY	
STREET ADDRESS	5001 SE 41ST AVE	
CITY-ST-ZIP	OCALA FL 34480	
TITLE	D	<input type="checkbox"/> Delete
NAME	DINKINS, ARLENE	
STREET ADDRESS	12916 NE C-314	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DILLEHAY, WILMER	
STREET ADDRESS	2021 SE 38TH AVE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DENMAN, CARL	
STREET ADDRESS	4611 SE 13TH ST.	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BICE, JEAN	
STREET ADDRESS	1123 SW 3TH CT.	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALTON, MARYLOU	
STREET ADDRESS	11 PECAN RUN PASS	
CITY-ST-ZIP	OCALA FL 34472	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Berger, Victor	
STREET ADDRESS	1101 SE 46th Ct	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Krietemeyer, Larry	
STREET ADDRESS	5961 SW 7th Ave Rd	
CITY-ST-ZIP	Ocala, FL 34474	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: _____

CR20FN37 10/01