


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90114 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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

54071797



MOORE CR2E037 (4/04)

4. FEI Number 59-1656014		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25 Due By September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARNES, MARGARET		NAME	Kessler Harold	
STREET ADDRESS	17 SE 61ST CT		STREET ADDRESS	10185 SW 69th Ct	
CITY-ST-ZIP	OCALA FL 34472		CITY-ST-ZIP	Ocala, FL 34476	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Fisher, Carroll	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, CARROL		NAME		
STREET ADDRESS	5580 SE 22ND PL		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34471		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEVIS, PAT		NAME	Ziegenhorn, Gary	
STREET ADDRESS	2635 SE 29TH LANE		STREET ADDRESS	P.O. Box 780	
CITY-ST-ZIP	OCALA FL 34471		CITY-ST-ZIP	Ocala, FL 34478	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, CLYDE.		NAME		
STREET ADDRESS	3113 SE 39TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34471		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Conley, Jane	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONLEY, JAEN		NAME		
STREET ADDRESS	4305 SE 12TH PL		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34471		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTON, JIM		NAME		
STREET ADDRESS	11 PECAN RUN PASS		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34472		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: *Gary Ziegenhorn* **7-27104**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #