

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90277 028 \*\*\*\*61.25

**DOCUMENT # 732646**  
 1. Entity Name  
**ST. PAUL'S UNITED METHODIST CHURCH OF OCALA, INC.**



Principal Place of Business      Mailing Address  
**800 S.E. 41ST AVENUE**      **800 S.E. 41ST AVENUE**  
**OCALA FL 32671**      **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

1st MOORE      CR2E037 (10/05)

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

4. FEI Number      Applied For  
**59-1656014**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

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. I am familiar with, and accept the obligations of registered agent.  
 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**  
**Due By May 1, 2006**

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>KESSLER, HAROLD</b> <b>10185 SW 69TH CT</b> <b>OCALA FL 34476</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SALSER, FLOYD</b> <b>2812 SE 31ST ST</b> <b>OCALA FL 34471</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ZIEGENHORN, GARY</b> <b>P.O. BOX 780</b> <b>OCALA FL 34478</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DILLEHAYH, CAROLE</b> <b>2021SE 38TH AVE</b> <b>OCALA FL 34471</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CONLEY, JANE</b> <b>4305 SE 12TH PL</b> <b>OCALA FL 34471</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WALTON, JIM</b> <b>11 PECAN RUN PASS</b> <b>OCALA FL 34472</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>Smiley, Steven</b> <b>3899 SE 37th Ct</b> <b>Ocala, FL 34480</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Tewksbury, Bobby</b> <b>2216 NE 39th Ave</b> <b>Ocala, FL 34470</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Howell, Kenneth</b> <b>550 SE 39th Terr</b> <b>Ocala, FL 34471</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Rogers, Gloria Ann</b> <b>4411 SE 13th St</b> <b>Ocala, FL 34471</b> <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 exemptions contained in Section 119, 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: *Steven L. Smiley*      **STEVEN L. SMILEY**      3/20/06      352-208-5729