
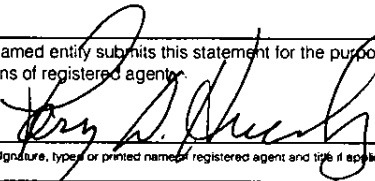
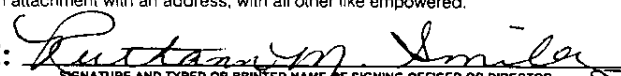


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90184 022 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03262008 Chg-NP CR2E037 (12/06)	
Zip	Country	Zip	Country	4. FEI Number 59-1656014	Applied For 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 				4-28-08	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$61.25 Due by May 1, 2008		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUILIANO, ROBERT		NAME	Smiley, Ruthann	
STREET ADDRESS	3741 SE 22ND PL		STREET ADDRESS	3899 SE 37th Ct	
CITY-ST-ZIP	OCALA, FL 34471		CITY-ST-ZIP	OCALA FL 34480	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, JOHN		NAME		
STREET ADDRESS	58 BANYAN COURSE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34472		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMILEY, STEVEN		NAME		
STREET ADDRESS	3899 SE 37TH CT		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34480		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, NEVILLE		NAME		
STREET ADDRESS	5630 SE 34TH ST		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	HOWELL, KENNETH		NAME	Thomas, Nathaniel	
STREET ADDRESS	550 SE 39TH TERR		STREET ADDRESS	535 SE 43rd St	
CITY-ST-ZIP	OCALA, FL 34471		CITY-ST-ZIP	OCALA FL 34480	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGERS, GLORIA A		NAME	Wright, James	
STREET ADDRESS	4411 SE 13TH ST		STREET ADDRESS	4524 SE 2th Pl	
CITY-ST-ZIP	OCALA, FL 34471		CITY-ST-ZIP	OCALA FL 34471	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 				4-29-08 352-236-6226	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

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