

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732646

FILED
Apr 24, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

800 SE 41ST AVENUE
OCALA, FL 34471

Current Mailing Address:

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

New Mailing Address:

800 SE 41ST AVENUE
OCALA, FL 34471

FEI Number: 59-1656014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HUENNEKENS, LARRY
1721 SE 39TH AVE.
OCALA, FL 34471 US

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:

04/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HARRISON, JOHN
Address: 58 BANYAN COURSE
City-St-Zip: OCALA, FL 34472

Title: D () Delete
Name: SMILEY, STEVEN
Address: 3899 SE 37TH CT
City-St-Zip: OCALA, FL 34480

Title: D () Delete
Name: GORDON, NEVILLE
Address: 5630 SE 34TH ST
City-St-Zip: OCALA, FL 34471

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HALL, JASON
Address: 4743 SE 35TH ST
City-St-Zip: OCALA, FL 34480

Title: D (X) Change () Addition
Name: WILLSON, JAMES
Address: 5330 NE 6TH CT
City-St-Zip: OCALA, FL 34479

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: THOMAS, NATHANIEL
Address: 535 SE 43RD ST
City-St-Zip: OCALA, FL 34480

Title: T () Change (X) Addition
Name: SMILEY, RUTHANN
Address: 3899 SE 37TH CT
City-St-Zip: OCALA, FL 34480

Title: D () Change (X) Addition
Name: MCLEAN, ROBERT
Address: 3819 SE 17TH ST
City-St-Zip: OCALA, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUTHANN SMILEY

T

04/24/2009

Electronic Signature of Signing Officer or Director

Date