


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90517 045 ****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**

90011406



CHECK HERE IF MAKING CHANGES

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
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW: FEE IS \$61.25

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		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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Fleming, William 3315 NE 32nd Ave Ocala, FL 34479 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DINKINS, ARLENE 12916 NE C-314 SILVER SPRINGS FL-34488 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bevis, Pat 2635 SE 29th Lane Ocala, FL 34471 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENMAN, CARL 4611 SE 13TH ST. OCALA FL 34471 <input checked="" type="checkbox"/> Delete	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BICE, JEAN 4123 SW 3TH CT. OCALA FL 34474 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Conley, Jaen 4305 SE 12th PL Ocala, FL 34471 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTON, MARYLOU 11 PECAN RUN PASS OCALA FL 34472 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Walton, Jim 11 Pecan Run Pass Ocala, FL 34472 <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: William Fleming **REQUIRED** 1-27-03

CR2E037 (10/02)

Attachment

90011406
732646

ADDITIONS TO EXISTING OFFICERS

10. OFFICERS AND DIRECTORS		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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ziegenhorn, Gary 5200 NE 20th Ct Ocala, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DINKINS, ARLENE 12916 NE C-314 SILVER SPRINGS FL 34488	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Berger, Victor 1101 SE 46th Ct Ocala, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DILLEHAY, WILMER 2021 SE 38TH AVE OCALA FL 34471	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENMAN, CARL 4611 SE 13TH ST. OCALA FL 34471	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BICE, JEAN 4123 SW 3TH CT. OCALA FL 34474	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, MARYLOU 11 PERAN RUN PASS OCALA FL 34472	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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SIGNATURE: **SIGNATURE REQUIRED**