


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N00580 (3)**  
1. Corporation Name  
**FIRST PRESBYTERIAN CHURCH OF OCALA, INC.**



Principal Place of Business <b>511 S.E. 3RD STREET OCALA FL 34471 US</b>	Mailing Address <b>511 S.E. 3RD STREET OCALA FL 34471 US</b>
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3. Date Incorporated or Qualified <b>12/23/1983</b>	
4. FEI Number <b>59-0687844</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**STEDDOM, MARY B.  
1701 S.E. FT. KING ST.  
OCALA FL 33671**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>FL</b> <b>85</b> Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

**12. OFFICERS AND DIRECTORS**

TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>AKIN, VAN</b>	
STREET ADDRESS <b>2001 S.E. 47TH AVE. OCALA FL</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>LEE, RUTH</b>	
STREET ADDRESS <b>1869 N.E. 29TH STREET OCALA FL</b>	
TITLE <b>T</b>	<input type="checkbox"/> DELETE
NAME <b>BAKER, BRIAN W.</b>	
STREET ADDRESS <b>221 SE 53RD CT OCALA FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>TOMYN, GEORGE</b>	
STREET ADDRESS <b>2521 S.E. 27TH STREET OCALA FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>ELLIS, MARY J</b>	
STREET ADDRESS <b>11284 N.W. 60TH AVE. REDDICK FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Gordon S. Dozier</b>	
1.3 STREET ADDRESS <b>1204 SE 7th Street Ocala, Fl. 34471</b>	
2.1 TITLE <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>Knoblock, Victor F.</b>	
2.3 STREET ADDRESS <b>2233 SE 5th Street Ocala, Fl. 34471</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>Kuhns, Kathy</b>	
4.3 STREET ADDRESS <b>4899 SE 28th Ct. Ocala, Fl. 34480</b>	
4.4 CITY-ST-ZIP	
5.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b>McDoniels, Jean A.</b>	
5.3 STREET ADDRESS <b>2236 SE Laurel Run Dr. Ocala, Fl. 34471</b>	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **2/17/98 (352) 732-3585**

CR2E037 (10/97)