

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**

02-09-2001 90242 012 \*\*\*\*61.25

**DOCUMENT # N00580**

1. Entity Name

**FIRST PRESBYTERIAN CHURCH OF OCALA, INC.**

Principal Place of Business

Mailing Address

511 S.E. 3RD STREET  
 OCALA FL 34471  
 US

511 S.E. 3RD STREET  
 OCALA FL 34471  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0637844**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  Delete  
 NAME DOZIER, GORDON S  
 STREET ADDRESS 1204 SE 7TH ST  
 CITY-ST-ZIP OCALA FL 34471

TITLE PD  Change  Addition  
 NAME Donnie Slone  
 STREET ADDRESS 8282 SE 7th Ave Rd  
 CITY-ST-ZIP Ocala, Fl. 34480

TITLE SD  Delete  
 NAME KNOBLOCK, VICTOR F  
 STREET ADDRESS 480 SW 90TH ST  
 CITY-ST-ZIP OCALA FL 34480

TITLE SD  Change  Addition  
 NAME Joe Vorwerk  
 STREET ADDRESS 480 SE 90th St.  
 CITY-ST-ZIP Ocala, Fl. 34480

TITLE T  Delete  
 NAME BASSETT, JOSEPH A  
 STREET ADDRESS 1824 SW 32ND LN  
 CITY-ST-ZIP OCALA FL 34471

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME KUHNS, KATHY  
 STREET ADDRESS 4899 SE 28TH CT  
 CITY-ST-ZIP OCALA FL 34480

TITLE D  Change  Addition  
 NAME Charlene Preston  
 STREET ADDRESS P.O. Box 146  
 CITY-ST-ZIP Weirsdale, Fl. 32195

TITLE D  Delete  
 NAME HUDSON, TERRY  
 STREET ADDRESS 4604 SW 13TH ST  
 CITY-ST-ZIP OCALA FL 34471

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:** SIGNATURE REQUIRED JOSEPH A. BASSETT

Date 2-8-01

Daytime Phone # 352-629-7561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)