


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 JUN 28 PM 4: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00580					
1. Entity Name FIRST PRESBYTERIAN CHURCH OF OCALA, INC.					
Principal Place of Business 511 S.E. 3RD STREET OCALA, FL 34471 US			Mailing Address 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		
Zip	Country	Zip	Country	4. FEI Number 59-0637844	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Not Applicable	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Mary B Steddom</u> DATE <u>6-23-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	NAME	WINFREE, HOWELL	TITLE	
STREET ADDRESS	1930 NE 49TH AVE.	STREET ADDRESS	OCALA, FL 344701166	STREET ADDRESS	800077160718
CITY-ST-ZIP	OCALA, FL 344701166	CITY-ST-ZIP		CITY-ST-ZIP	07/07/06--01053--014 **122.50
TITLE	SD	NAME	ARLINE, JOHN W	TITLE	
STREET ADDRESS	706 SE 15TH TERR	STREET ADDRESS	OCALA, FL 34471	STREET ADDRESS	JB6/29
CITY-ST-ZIP	OCALA, FL 34471	CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T	NAME	GOEDERT, SHERYLL	TITLE	
STREET ADDRESS	2637 SE 28TH ST	STREET ADDRESS	OCALA, FL 34471	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34471	CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D	NAME	VANDEBURG, ANN	TITLE	
STREET ADDRESS	1948 CLATTER BRIDGE RD	STREET ADDRESS	OCALA, FL 34471	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34471	CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D	NAME	MORLAND, DIANE	TITLE	
STREET ADDRESS	1771 SE 27TH LOOP	STREET ADDRESS	OCALA, FL 34471	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34471	CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		NAME		TITLE	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
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: <u>Sheryll A. Goedert</u> <u>Sheryll A. Goedert</u> <u>6/26/06</u> <u>352-620-8606</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					