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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:14

DOCUMENT # N06768 (8)

1. Corporation Name
OCALA GRACE BRETHREN CHURCH INCORPORATED

Principal Place of Business	Mailing Address
6474 NE 7TH STREET OCALA FL 32671	6474 NE 7TH STREET OCALA FL 32671

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/20/1984
3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-2516658 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State	City & State 28
Zip 24: 34470	Zip 29: 34470
Country 25	Country 30

9. Name and Address of Current Registered Agent

KRIEGBAUM, ARNOLD R
2320 NE 146TH AVE., BOX 7
SILVER SPRINGS FL 34488

10. Name and Address of New Registered Agent

81 Name: SMALS, RONALD A.
82 Street Address (P.O. Box Number is Not Acceptable): 15 ALMOND TRAIL
83: OCALA, FL 34472
84 City: OCALA, FL — FL — 85 Zip Code: 34472

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Ronald A. Smals — PASTOR/MODERATOR — DATE: 2/7/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12.* OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	KRIEGBAUM, ARNOLD R.	1.2 NAME	
STREET ADDRESS	2320 NE 146TH AVE BOX 7	1.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	MAXSON, RICHARD	2.2 NAME	
STREET ADDRESS	14655 NE 24TH PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☒ Change ☐ Addition
NAME	KERR, DARRYL SR	3.2 NAME	S KRIEGBAUM LAURA E.
STREET ADDRESS	11310 SE 73RD CT.	3.3 STREET ADDRESS	2320 NE 146TH AVE, BOX 7
CITY-ST-ZIP	BELLEVIEW FL	3.4 CITY-ST-ZIP	SILVER SPRINGS, FL
TITLE		4.1 TITLE	PD ☐ Change ☑ Addition
NAME		4.2 NAME	SMALS, RONALD A.
STREET ADDRESS		4.3 STREET ADDRESS	15 ALMOND TRAIL
CITY-ST-ZIP		4.4 CITY-ST-ZIP	OCALA, FL 34472
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X Ronald A. Smals — 1/29/95 — 904-694-4463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0045180