FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N06768

(8)

OCALA GRACE BRETHREN CHURCH INCORPORATED

OUNLA	CHINOL DILITITIES CHOICE									
Principal Place of Business Mailing Address								11 019 19 01811		#1#11 #1#11 (##)
6474 NE 7TH STRET OCALA FL 34470 US		6474 NE 7TH STRET OCALA FL 34470 US						_		
00						3. Date Incorporated or Qualified 12/20/1984 3a. Date of Last Report 02/16/1995				
2. Principal Place of Business		2a Mailing Address 26				4. FEI Number 59-2516658	Rone	wed		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desire	ed .			5 Additional Required	
City & State		City & State	—			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zıp	Country Z _{IP} 25 29 30			intry		This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Curren	t Registered Agent				10. Name and Address of N	lew Re	gistered A	gent	
				81	Name					
SMALS, RONALD A. 15 ALMOND TRAIL				82	Street Aridro	ress (P.O. Box Number is Not Acceptable)				
OCALA F				83						
				84	City			FL		ip Code
11. Pursuant t or register familiar wit	o the provisions of Sections 617.0502 ed agent, or both, in the State of Fjoric h, and accept the obligations of Secti	and 617.1508, Florida Statute da. Su¢h change was tauthorize ion 617.0503, Florida Statutes	es, the abo ed by the	ove-r corp	iamed corpora pration's boar	ation submits this statement for the directors. I hereby accept the	e appoi	ntment as	registered	d agent. I am
SIGNATURE	Horald 11_	small						-29	- 4k	2
Signature, typed or printed name or registered agent and title if approach (NOTE Reg. 12. OFFICERS AND DIRECTORS				Ager	t signature required	ADDITIONS/CHANGES TO) OFFIC	ERS AND	DIBECT	OBS IN 12
TITLE	VD DELETE		13.	ITI F						
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 CIT							
TITLE	TD	DELETE	211					[Change	Addition
NAME	MAXSON, RICHARD	_	226							
STREET ADDRESS	14655 NE 24TH PL	2		2 3 STREET ADDRESS						
CITY - ST - ZIP	SILVER SPRINGS FL		2 41		ST - ZIP					
TITLE	S	☐ DELETE		3 1 TITLE				[Change	☐ Addition
NAME	KRIEGBAUM, LAURA E.		32 N	AME						
STREET ADDRESS	2320 NE 146 AVE, BOX 7		339	TREET	ADDRESS					
CITY - ST - ZIP			3.4	3.4 CITY-ST-ZIP						
TITLE			.1 TITLE				Į.	Change	: Addition	
NAME	SMALS, RONALD A.		4. 2	NAME		100001715371				
STREET ADDRESS			435	4 3 STREET ADDRESS		-02/15/9601026006				
CITY-ST-ZIP	OCALA FL				ST · ŽIP	***61.25				
TITLE		· · · · · · · · · · · · · · · · · · ·		TITLE		· · · · · · · · · · · · · · · · · · ·		Į	Change	Addition
NAME	•		1	2 NAME						
STREET ADDRESS				STREET ADDRESS						
CITY-ST-ZIP					I - ZIP				Change	Addition
TITLE		Mereig	L		Ì			· ·	change	
NAME OLOGEZ ADDRESO				AME TOSE	T ADDRESS					
STREET ADDRESS			L		1					
CITY - ST - ZIP	ov certify that the information supplied	with this filing is voluntarily furn			ST-ZIP is not qualify f	or the exemption stated in Sectio	n 119.0	7(3)(k), Flo	orida Stat	utes. I further

Two hereby certify that the information supplied with this lilling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental agricular 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:

SIGNATURE AND TYPED ON PRINTED NAME OF SISHING OFFICER OR DIRECT

1/29/96

(352)625-1991(

Daytime Phone #

CR2E037 (12/95)