

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 16 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 # **N06768** (8)  
1. Corporation Name  
**OCALA GRACE BRETHERN CHURCH INCORPORATED**

Principal Place of Business <b>6474 NE 7TH STREET OCALA FL 34470 US</b>	Mailing Address <b>6474 NE 7TH STREET OCALA FL 34470 US</b>
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3. Date incorporated or Qualified <b>12/20/1984</b>	Applied For Not Applicable
4. FEI Number <b>59-2516658</b>	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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 checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**SMALS, RONALD A.  
15 ALMOND TRAIL  
OCALA FL 34472**

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>KRIEGBAUM, ARNOLD R.</b>	
STREET ADDRESS	<b>2320 NE 146TH AVE BOX 7</b>	
CITY-ST-ZIP	<b>SILVER SPRINGS FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>MAXSON, RICHARD</b>	
STREET ADDRESS	<b>14655 NE 24TH PL</b>	
CITY-ST-ZIP	<b>SILVER SPRINGS FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KRIEGBAUM, LAURA E.</b>	
STREET ADDRESS	<b>2320 NE 146 AVE, BOX 7</b>	
CITY-ST-ZIP	<b>SILVER SPRINGS FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SMALS, RONALD A.</b>	
STREET ADDRESS	<b>15 ALMOND TRAIL</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>S. SPARZAK, CHESTER J.</b>
3.3 STREET ADDRESS	<b>2921 NE 3RD ST. APT. 12</b>
3.4 CITY-ST-ZIP	<b>OCALA, FL 34470</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
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:

*Ronald A. Smals* **RONALD A. SMALS 2-5-98 352-236-2211**

CFR0037 (10/97)