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SECRETARY OF STATE TALLAHASSEE, FLORIDA

$ 61.

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # N16052 (5)

1. Corporation Name

FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST, OC ALA, FLORIDA, INC.

Principal Place of Business	Mailing Address
7171 SOUTHWEST STATE ROAD 200 OCALA FL 32676	7171 SOUTHWEST STATE ROAD 200 OCALA FL 32676

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/25/1986
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-2766209 — 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 ZIP CHANGED TO 34476	26 CORRECT ABOVE ZIP
22 STREET ADDRESS IS CORRECT	27 AS SHOWN ABOVE
23 CORRECT AS SHOWN ABOVE	28 EXCEPT
24 Zip CHANGE TO 34476 / 25 Country	29 Zip CHANGE TO 34476 / 30 Country

9. Name and Address of Current Registered Agent

BROWN, ALFRED K.
10061 SW 97 COURT - PINE RUN
OCALA FL 34481

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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: ALFRED K. BROWN ASST. TREASURER — Alfred K. Brown — 16 Jan 95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	MODERATOR - D ☑ Change ☐ Addition
NAME	CARD, DORIS	1.2 NAME	
STREET ADDRESS	8872-C SW 96 LANE	1.3 STREET ADDRESS	ADD ZIP 34481
CITY-ST-ZIP	OCALA FL 34481	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	TREASURER - T ☑ Change ☐ Addition
NAME	BERRY, WILLIAM	2.2 NAME	
STREET ADDRESS	8373 SW 105 PL	2.3 STREET ADDRESS	ADD ZIP 34481
CITY-ST-ZIP	OCALA FL 34481	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	ASST MODERATOR ☑ Change ☐ Addition
NAME	~~NELSON, STANLEY~~ LAWRENCE, WILLIAM	3.2 NAME	LAWRENCE, WILLIAM
STREET ADDRESS	~~8845-H SW 94TH ST~~ 10843 SW 91 TERR	3.3 STREET ADDRESS	10843 SW 91 TERR (D)
CITY-ST-ZIP	~~OCALA FL~~ OCALA FL 34481	3.4 CITY-ST-ZIP	OCALA FL 34481
TITLE	T	4.1 TITLE	ASST TREASURER ☑ Change ☐ Addition
NAME	BROWN, ALFRED K.	4.2 NAME	
STREET ADDRESS	10061 SW 97 CT PINE RUN	4.3 STREET ADDRESS	ADD ZIP 34481 (T)
CITY-ST-ZIP	OCALA FL - 34481	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	CLERK OF COUNCIL ☑ Change ☐ Addition
NAME	SCHNEIDER, NANCY ~~ST~~	5.2 NAME	
STREET ADDRESS	9348-A SW 82ND ~~CT~~ TERR	5.3 STREET ADDRESS	CHANGE ST. TO TERR. (S)
CITY-ST-ZIP	OCALA FL 34481	5.4 CITY-ST-ZIP	ADD ZIP 34481
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	$
CITY-ST-ZIP		6.4 CITY-ST-ZIP	61.25 deposited by bank

gdb 2-8

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)(k), 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: ALFRED K. BROWN ASST TREASURER — Alfred K. Brown — 16 Jan 95 — 904-854-7245
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0066302