

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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 34476

7171 SOUTHWEST STATE ROAD 200
OCALA FL 34476

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified
07/25/1986

3a. Date of Last Report
02/08/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

(NO CHANGE)

82

Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

Alfred K. Brown ALFRED K. BROWN TREASURER

20 Jan 96

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 D ☒ DELETE
NAME CARD, DORIS
STREET ADDRESS 8672-C SW 96 LANE
CITY-ST-ZIP Ocala FL 34481

TITLE T ☒ DELETE
NAME BERRY, WILLIAM
STREET ADDRESS 8373 SW 105 PL
CITY-ST-ZIP Ocala FL 34481

TITLE D ☒ DELETE
NAME LAWRENCE, WILLIAM
STREET ADDRESS 10843 S.W. 91 TERRACE
CITY-ST-ZIP Ocala FL 34481

TITLE T ☐ DELETE
NAME BROWN, ALFRED K.
STREET ADDRESS 10061 SW 97 CT PINE RUN
CITY-ST-ZIP Ocala FL 34481

TITLE S ☐ DELETE
NAME SCHNEIDER, NANCY
STREET ADDRESS 9348 A SW 82ND TERRACE
CITY-ST-ZIP Ocala FL 34481

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
NAME MODERATOR
1.2 NAME LAWRENCE, WILLIAM
1.3 STREET ADDRESS 10843 SW 91 TERR
1.4 CITY-ST-ZIP Ocala FL 34481

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME ASST MODERATOR
2.3 STREET ADDRESS NELSON, HOWARD
2.4 CITY-ST-ZIP 2 EMERALD COURT
OCALA FL 34472

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME CLERK OF COUNCIL
3.3 STREET ADDRESS ANDERSON, SHIRLEY
3.4 CITY-ST-ZIP 10405 SW 84 COURT
OCALA FL 34481

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME TREASURER
4.3 STREET ADDRESS SAME
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME ASST TREASURER
5.3 STREET ADDRESS SAME
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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 ALFRED K. BROWN

20 Jan 96

352-854-7245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (12/95)