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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

3. Date Incorporated or Qualified: 07/25/1986

4. FEI Number: 59-2766209 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21:

2a. Mailing Address 26:

Suite, Apt. #, etc. 22:

Suite, Apt. #, etc. 27:

City & State 23:

City & State 28:

Zip 24: Country 25:

Zip 29: Country 30:

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ANDERSON, CARL E
10405 SW 85TH COURT
OCALA FL 34481

10. Name and Address of New Registered Agent

81 Name: Schneider, Nancy G.

82 Street Address (P.O. Box Number is Not Acceptable): 9348-A S.W. 82nd TERRACE

83:

84 City: Ocala FL 85 Zip Code: 34481

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: Nancy G. Schneider NANCY G. Schneider, Treasurer 1-20-98
(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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D WELSH, HARVEY 1608 E ST JAMES LOOP CITRUS HILL FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D HUNTER, BARBARA 14305 S.W. 43rd Ct. Rd. Ocala, FL. 34476	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NELSON, HOWARD 2 EMERALD COURT OCALA FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D WELSH, HARVEY 9040-E S.W. 87th Ave OCALA, FL 34481	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPRINGER, MAXINE 8532 D SW 93 PL OCALA FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ANDERSON, CARL E 10405 SW 85TH COURT OCALA FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCHNEIDER, NANCY 9348 A SW 82ND TERRACE OCALA FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DT	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

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: NANCY G SCHNEIDER 1-19-98 352-854-4457