2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State
02-28-2005 90209 003 ****61.25

DOCUMENT # N16052

1. Entity Name

FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST, OCALA, FLORIDA, INC.

Principal Place of Business	Mailing Address
7171 SOUTHWEST STATE ROAD 200 OCALA FL 34476	7171 SOUTHWEST STATE ROAD 200 OCALA FL 34476

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDER, NANCY G
9348 A SW 82ND TERRACE
OCALA FL 34481

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Nancy G. Schneider Nancy G. Schneider, Treasurer 2-23-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARLSON, MARIANNE 10966 S.W. 80TH COURT OCALA FL 34481	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D.<br~~Bertha Stamm~~ STAMM, Betty R. 9018 S.W. 96th Terr. Ocala, FL. 34481	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS JONES, MARILYN 7444 SW 10TH PL OCALA FL 34476	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Sanborn, Gail 8488 S.W. 61st Terrace Rd. Ocala, FL. 34476	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SCHNEIDER, NANCY 9348 A SW 82ND TERRACE OCALA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITEHOUSE, VIOLA 8443 S.W. 109TH PLACE OCALA FL 34481	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOMS, PRISCILLA 3931 S.W. 30TH STREET OCALA FL 34474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEITH, DAVID 3140 SW 86TH PLACE OCALA FL 34476	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy G. Schneider Nancy G. Schneider, Treas. 2-23-05 352-237-3035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #