

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Aug 02, 2008**  
**Secretary of State**

DOCUMENT# N18093

**Entity Name:** FIRST CHURCH OF THE NAZARENE OF OCALA, INC.

**Current Principal Place of Business:**

3732 N.E. 7TH STREET  
OCALA, FL 34470 US

**New Principal Place of Business:**

**Current Mailing Address:**

3732 N.E. 7TH STREET  
OCALA, FL 34470 US

**New Mailing Address:**

**FEI Number:** 59-6543215      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUNLAP, BARRY L  
5164 S.E. 27TH ST.  
OCALA, FL 34471 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TR ( ) Delete  
Name: SHAW, DEAN  
Address: 1329 SE 36TH AVE  
City-St-Zip: OCALA, FL 34471

Title: TR ( ) Delete  
Name: HUMPHREY, WILLIAM  
Address: 2146 NE 7TH ST  
City-St-Zip: OCALA, FL 34470

Title: C ( ) Delete  
Name: DUNLAP, BARRY  
Address: 5164 S.E. 27TH ST.  
City-St-Zip: OCALA, FL

Title: TR ( ) Delete  
Name: SCHULER, WALTER  
Address: 712 N.E. 39TH CT.  
City-St-Zip: OCALA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY L. DUNLAP

C

08/02/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date