

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1998 8:00am
Secretary of State

, NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N20584** (1)
1. Corporation Name
OCKLAWAHA UNITED METHODIST CHURCH, INC.



Principal Place of Business		Mailing Address	
13333 SE HWY C-25 P O BOX 507 OCKLAWAHA FL 32179		13333 SE HWY C-25 P O BOX 507 OCKLAWAHA FL 32179	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23	28		
Zip	Country	Zip	Country
24	25	29 32183	30 Marion

3. Date Incorporated or Qualified 05/11/1987	
4. FEI Number 59-2320596	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ROSE, JOSEPH S 7095 SE 119TH PL BELLEVIEW FL 34420		81 Name Pauley, Danny 82 Street Address (P.O. Box Number is Not Acceptable) 61 Pecan Drive 83 84 City Ocala FL 85 Zip Code 34472	

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 *Danny D. Pauley* (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWANSON, MARILYN	1.2 NAME	
STREET ADDRESS	8535 SE 186TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCKLAWAHA FL	1.4 CITY-ST-ZIP	
TITLE	TP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, JOSEPH S	2.2 NAME	TP
STREET ADDRESS	7095 SE 119TH PL	2.3 STREET ADDRESS	Pauley, Danny
CITY-ST-ZIP	BELLEVIEW FL	2.4 CITY-ST-ZIP	61 Pecan Drive, Ocala, FL 34472
TITLE	TV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, WILLIAM A SR	3.2 NAME	
STREET ADDRESS	1361 SE 114TH ST RD, PO BOX 369	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCKLAWAHA FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Danny D. Pauley*

CR2E037 (10/97)