

# 2000 UNIFORM BUSINESS REPORT (UBR)

6/12/

FILED

Jul 07, 2000 8:00 am  
Secretary of State

06-12-2000 90032 020 \*\*\*\*61.25

DOCUMENT # N20584

Entity Name -

OCKLAWAHA UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

SE HWY C-25  
O BOX 507  
OCKLAWAHA FL 32179

13333 SE HWY C-25  
P O BOX 507  
OCKLAWAHA FL 32183-0507  
US

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2320596

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

PAULEY, D  
61 PECAN DR  
OCALA FL 34472

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.

*Sammy D. Pauley*  
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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

ST	TS SWANSON, MARILYN 6535 SE 166TH AVE OCKLAWAHA FL	<input checked="" type="checkbox"/> Delete
ST	TP PAULEY, D 61 PECAN DR OCALA FL 34472	<input type="checkbox"/> Delete
ST	TV HALSTEAD, HOMER P.O. BOX 7294 OCALA FL 34472	<input checked="" type="checkbox"/> Delete
ST	Halstead, Homer TV PO Box 7294 Ocala, Florida 34472	<input type="checkbox"/> Delete
ST	TS Wildred Bowley 14300 SE 100th Ave summerfield, Fl. 34491	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Sammy D. Pauley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)