

2001 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
Mar 14, 2001 8:00 am
Secretary of State

02-20-2001 90076 019 ****70.00

DOCUMENT # N20584

1. Entity 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 32183
US

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

59-2320596

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fees 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~~ Homer Halstead
~~61 PECAN DR~~ P O Box 7249
~~OCALA FL 34472~~ Ocala, Florida 34472

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.

SIGNATURE

Fred Winks

FRED WINKS, Sec/Treas

2/15/01

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP PAULEY, D 61 PECAN DR OCALA FL 34472	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HALSTEAD, HOMER PO BOX 7249 OCALA FL 34472	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BOWLEY, WILDRED 14300 SE 100TH AVE SUMMERFIELD FL 34491	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP Homer Halstead, President P O Box 7249 Ocala, Florida 34472	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Kurt Woelfel Vice President P O Box 37 Ocklawaha, Florida 32183	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS Robert Phillips Secretary 1710 SE 164th Circle Ocklawaha, Florida 32179	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Fred Winks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/15/01

Date

352 288-6277

Daytime Phone #

CR2E037 (10/00)



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

February 22, 2001

OCKLAWAHA UNITED METHODIST CHURCH, INC.
13333 SE HWY C-25
P O BOX 507
OCKLAWAHA, FL 32183 US

----- Subject: **OCKLAWAHA UNITED METHODIST CHURCH, INC.** -----

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Number:

ANNUAL REPORTS SECTION