FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:19

DOCUMENT # N29851 (5)

1. Corporation Name

OCALA WEST UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
9030 S.W. 105TH STREET OCALA FL 34481	9030 S.W. 105TH STREET OCALA FL 34481

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/14/1988
3a. Date of Last Report: 02/11/1994
4. FEI Number: 59-2857358 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DINGESS, GERALD C 8387 SW 108TH LANE OCALA FL 34481	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Gerald C. Dingess Gerald C. Dingess D/P 2-11-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☐ Change ☐ Addition
NAME	DIGNESS, GERALD C	1.2 NAME	Dingess, Gerald C.	
STREET ADDRESS	8387 SW 108TH LANE	1.3 STREET ADDRESS	8387 SW 108th Lane	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	Ocala, Fl. 34481	
TITLE	DV	2.1 TITLE	DV	☒ Change ☐ Addition
NAME	DIEROLF, NORM	2.2 NAME	Wells, Gordon	
STREET ADDRESS	9115 SW 103RD LANE	2.3 STREET ADDRESS	5351 SW 85th Lane	
CITY-ST-ZIP	OCALA, FL 32676	2.4 CITY-ST-ZIP	Ocala, Fl. 34474	
TITLE	DS	3.1 TITLE	DS	☐ Change ☒ Addition
NAME	WOJCIK, NANCY	3.2 NAME	Blair, Nancy	
STREET ADDRESS	10021 SW 93RD COURT	3.3 STREET ADDRESS	7750 SW 114th Loop	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	Ocala, Fl. 34476	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	SWARTZ, BYRON	4.2 NAME	Dierolf, Norm	
STREET ADDRESS	8869 SW 116TH ST. RD.	4.3 STREET ADDRESS	9115 SW 103rd Lane	
CITY-ST-ZIP	OCALA, FL 32676	4.4 CITY-ST-ZIP	Ocala, Fl.34481	
TITLE	D	5.1 TITLE	D	☐ Change ☒ Addition
NAME	VANDERGROEF, ANDY	5.2 NAME	Taylor, William	
STREET ADDRESS	10041 SW 98TH TERR.	5.3 STREET ADDRESS	5286 SW 88th Place	
CITY-ST-ZIP	OCALA, FL 32676	5.4 CITY-ST-ZIP	Ocala, Fl.34476	
TITLE	D	6.1 TITLE	D	☐ Change ☒ Addition
NAME	WELLS, GORDON	6.2 NAME	Hensley,Tom	
STREET ADDRESS	5351 SW 85TH LANE	6.3 STREET ADDRESS	11658 SW 75th Cir.	
CITY-ST-ZIP	OCALA, FL 32676	6.4 CITY-ST-ZIP	Ocala, Fl. 34481	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Gerald C. Dingess Gerald C. Dingess D/P 2-11-95 (904)854-7140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000585