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Feb 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N29851 (5)

1. Corporation Name
OCALA WEST UNITED METHODIST CHURCH, INC.

Principal Place of Business 9330 S.W. 105TH STREET OCALA FL 34481	Mailing Address 9330 S.W. 105TH STREET OCALA FL 34481
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 12/14/1988
4. FEI Number 59-2857358
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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**TAYLOR, WILLIAM F.
5286 SW 88TH PLACE
OCALA FL 34476**

10. Name and Address of New Registered Agent

81 Name **Jones, Robert E.**
 82 Street Address (P.O. Box Number is Not Acceptable)
9233C S.W. 83rd. Terr.
 83
 84 City **Ocala** **FL** 85 Zip Code **34481**

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 **ROBERT E. JONES DP** *Robert E. Jones* DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☒ DELETE
NAME	TAYLOR, WILLIAM F	
STREET ADDRESS	5286 SW 88TH PL	
CITY-ST-ZIP	OCALA FL	
TITLE	D	☒ DELETE
NAME	WOLTER, JOHN	
STREET ADDRESS	9580 E SW 85 AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	DS	☒ DELETE
NAME	BLAIR, NANCY	
STREET ADDRESS	7750 SW 114TH LOOP	
CITY-ST-ZIP	OCALA FL	
TITLE	D	☒ DELETE
NAME	EMERICK, BETTY	
STREET ADDRESS	10655 SW 68TH TERR MEADOW RIDGE	
CITY-ST-ZIP	OCALA, FL 32676	
TITLE	D	☐ DELETE
NAME	HOLT, EVELYN	
STREET ADDRESS	11698 SW 75TH CIR	
CITY-ST-ZIP	OCALA, FL 32676	
TITLE	D	☒ DELETE
NAME	HENSLEY, TOM	
STREET ADDRESS	11658 SW 75TH CIRCLE	
CITY-ST-ZIP	OCALA, FL 32676	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	☐ Change ☒ Addition
1.2 NAME	Jones, Robert E.	
1.3 STREET ADDRESS	9233C S.W. 83rd Terr.	
1.4 CITY-ST-ZIP	Ocala, FL 34481	
2.1 TITLE	DV	☐ Change ☒ Addition
2.2 NAME	Roorda, Jack	
2.3 STREET ADDRESS	11131 S.W. 75th Ave.	
2.4 CITY-ST-ZIP	Ocala, FL 34476	
3.1 TITLE	DS	☐ Change ☒ Addition
3.2 NAME	Bryan, George	
3.3 STREET ADDRESS	6749 SW 112th St.	
3.4 CITY-ST-ZIP	Ocala, FL 34476	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	Pierce, Harold	
4.3 STREET ADDRESS	9140 SW 104th Pl.	
4.4 CITY-ST-ZIP	Ocala, FL 34481	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	Bonomo, Mel	
5.3 STREET ADDRESS	6483 SW 107th Pl.	
5.4 CITY-ST-ZIP	Ocala, FL 34476	
6.1 TITLE	D	☐ Change ☒ Addition
6.2 NAME	Garrett, Jimmy	
6.3 STREET ADDRESS	6525 SW 138th Terr.	
6.4 CITY-ST-ZIP	Ocala, FL. 34481	

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: *Robert E. Jones* **ROBERT E. JONES DP** 2/11/98

CR2E037 (10/97)