NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N29851

1. Corporation Name

OCALA WEST UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

9330 S.W. 105TH STREET OCALA FL 34481

9330 S.W. 105TH STREET OCALA FL 34481

FILED Feb 24, 1999 8:00 am § Secretary of State

02-24-1999 90136 033 ****61.25



| 2. Principal F | lace of Business | 2a. Mailing Address | | | 3. Date Incorporated or Qualife | đ | | |
|---|--|-------------------------------|----------------------------|------------------|--|-------------|------------------|--|
| 21 | _ بيمنيني م بيد . بيم | _ 26 | | | 12/14/1988 | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 4 FEI Number | ļ | Applied For | |
| 22 | | 27 | | , | 59-2857358 | | Not Applicable | |
| City & Sta | te | City & State | | | 5. Certificate of Status Desired | - | .75 Additional | |
| 23 | | 28 | | | o. Continuate of Challes a control | | ee Required | |
| Zip | Country | Zip | Country | | 6. Election Campaign Financing | ı ⊓ \$5 | 5.00 May Be | |
| 24 | 25 | 29 30 | | | Trust Fund Contribution | A | dded to Fees | |
| | 9. Name and Address of Current | Registered Agent | | | 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees 10. Name and Address of New Registered Agent rold R. Loomis ress (P.O. Box Number is Not Acceptable) 22. SW 111th Loop Fee Required False Fee Required False Fee Required Fee Required False Fee Required For Required Fee Required For Required For Required For Required For Required Fee Required For Required For Required For Required For Required Fee Required For Required Fee Required For Requir | | | |
| | | | | ame Harc | old R. Loomie | | | |
| JONES, ROBERT E | | | | root Addres | ce (P.O. Box Number is Not Accer | ntable) | | |
| 9233C SW 83RD TERR | | | 82 St | 6692 | SW IIIth Loop | ,,,,,, | | |
| OCALA FL 34481 | | | | | | | | |
| OCALA P | L 34461 | | | | <u> </u> | | | |
| | | | 84 Ci | ty Ocal | а . | FI 85 | | |
| 44 . 0 | to the provisions of Sections 647 0502 | and 617 1509 Florida Statutes | the above-na | med cornor | ration submits this statement for th | | | |
| 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 beard of directors. I hereby accept the appointment as registered | | | | | | | | |
| agent. I am familiar with, and accept the doligations of, Section 617,0003, Plonda Standies. | | | | | | | | |
| SIGNATURE | Harold R. Loomis | Director/Preside | | HULL | , Dooms | I COLUMN / | 1999 | |
| -70 | Signature, typed or printed name of registered agent | | gistered Agent sign 13. | ature required v | | | ECTORS IN 12 | |
| 12. | OFFICERS AND | DELETE | | i DE | | | | |
| TITLE | DP | E3 DECETE | 1.1 TITLE | 1 | | Xt . | | |
| NAME | JONES, ROBERT E | | 1.2 NAME | | | | | |
| STREET ADDRESS | 9233C SW 83RD TERR | | 1.3 STREET ADO | 1 | L | | • | |
| CITY-ST-ZIP | OCALA FL 34481 | chiary (| 1.4 CITY-ST-ZIP | | | | hanna 🗖 Additio | |
| TITLE | DV | Çaşı (Çağı ve 😡 DELETE | 2.1 TITLE | 1 - | | Mic | nange Addition | |
| NAME | ROORDA, JACK | 語がは、特別 | 2.2 NAME | | | | | |
| STREET ADDRESS | 11131 SW 75TH AVE | | 2.3 STREET ADD | RESS 67 | 749 SW-112th St | | | |
| CITY-ST-ZIP | OCALA FL 34476 | \$ 24 | 2. 4 CITY-ST-ZIP |) Oc | eala. Fl. 34476 | | | |
| TITLE | DS | ₩ DELETE | 3.1 TITLE | DS | 3 | <i>≨</i> ⊝0 | hange XAddition | |
| NAME | BRYAN, GEORGE | | 3.2 NAME | Za | Borski, Linda | | | |
| STREET ADDRESS | ATIA OILL ALATEL OT | | 3.3 STREET ADD | RESS L II | .020 SW /3th Circle | € | | |
| CITY-ST-ZIP | OCALA FL 34476 | | 3.4. CITY-ST-ZIP | , Oc | eala, Fl. <u>34476</u> | | | |
| TITLE | D | ∑ DELETE | 4.1 TITLE | D | , | | hange XAddition | |
| NAME | PIERCE, HAROLD | | 4. 2 NAME | Fi | tzgerald, Willard | • | | |
| STREET ADDRESS | 9140 SW 14TH PL | | 4,3 STREET ADD | | 79 SW 116th Loop | | | |
| CITY-ST-ZIP | OCALA, FL 32676 34481 | | 4.4 CITY-ST-ZIP | - 1 Oc | ala, Fl. 34481 | | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | 1 | | | hange | |
| NAME | HOLT, EVELYN | | 5.2 NAME | | | | | |
| STREET ADDRESS | 11698 SW 75TH CIR | | 5.3 STREET ADD | RESS | | | | |
| | OCALA, FL 32676 | | 5.4 CITY-ST-ZIP | | | | | |
| CITY-ST-ZIP TITLE | D | DELETE | 6.1 TITLE | <u> </u> | | □c | hange 🔀 Addition | |
| | • | V | 6.2 NAME | B ₀ 1 | ly, Richard | | | |
| NAME | GARRETT, JIMMY | | 1 | | 1 SW 108th Lane Ro | ad | | |
| STREET ADDRESS | 6525 SW 138TH TERR | | 6.4 CITY PT 7ID | | 1 5w 100ch Lane No 1a Fl 3//81 | ALL . | | |

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, with all other like empowered.

SIGNATURE:

352-873-7878