# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 28, 2002 8:00 am**
**Secretary of State**
01-28-2002 90032 028 ****61.25

DOCUMENT # N29851

1. Entity Name

OCALA WEST UNITED METHODIST CHURCH, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 9330 S.W. 105TH STREET<br>OCALA FL 34481 | 9330 S.W. 105TH STREET<br>OCALA FL 34481 |

DO NOT WRITE IN THIS SPACE

| 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 59-2857358 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| LOOMIS, HAROLD R<br>6692 SW 111TH LOOP<br>OCALA FL 34476 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 _____
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 | DP<br>LOOMIS, HAROLD R<br>6692 SW 111TH LOOP<br>OCALA FL 34476 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>HORNE, JEAN<br>8880-B SW 94TH ST<br>OCALA FL 34481 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>VAN FLEET, JOHN<br>10101 SW 73RD CT<br>OCALA FL 34476 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FITZGERALD, WILLARD<br>8079 SW 116TH LOOP<br>OCALA FL 34481 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☒ Addition<br>D<br>Baldwin, Robert<br>10655 SW 68th Terrace<br>Ocala, Fl. 34476 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BLAIR, DONALD<br>7750 SW 114TH LOOP<br>OCALA FL 34476 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☒ Addition<br>D<br>Burst, Lulu<br>8374 SW 109th Lane Road<br>Ocala, FL 34481 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KELLER, ROBERT<br>8878-A SW 90TH LANE<br>OCALA FL 34481 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☒ Addition<br>D<br>Donovan, Marjorie<br>10151 SW 93rd Ct.<br>Ocala, Fl 34481 |

CR2E037 (9/01)

12. 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:** SIGNATURE REQUIRED 1-10-02 352-854-9550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #