

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29851

FILED
Mar 16, 2006
Secretary of State

Entity Name: OCALA WEST UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

9330 S.W. 105TH STREET
OCALA, FL 34481

New Principal Place of Business:

Current Mailing Address:

9330 S.W. 105TH STREET
OCALA, FL 34481

New Mailing Address:

FEI Number: 59-2857358

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, LARRY W
7085 SW 116 LOOP
OCALA, FL 34476 US

Name and Address of New Registered Agent:

LEWIS, W. GLENN
11206 SW 73 CIRCLE
OCALA, FL 34476 US

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: W. GLENN LEWIS

03/16/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: JONES, LARRY W
Address: 7085 SW 116 LOOP
City-St-Zip: OCALA, FL 34476

Title: DS () Delete
Name: HORNE, JEAN
Address: 8880-B SW 94TH ST
City-St-Zip: OCALA, FL 34481

Title: DV () Delete
Name: MORSE, NORMA
Address: 10953 SW 83RD COURT
City-St-Zip: OCALA, FL 34481

Title: D () Delete
Name: BALDWIN, ROBERT
Address: 10655 SW 68TH TERRACE
City-St-Zip: OCALA, FL 34476

Title: D () Delete
Name: NELSON, ROBERT
Address: 11065 SW 64 AVE.
City-St-Zip: OCALA, FL 34476

Title: D () Delete
Name: EASON, GLORIA
Address: 8267 SW 113TH LN
City-St-Zip: OCALA, FL 34481

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LEWIS, W. GLENN
Address: 11206 SW 73 CIRCLE
City-St-Zip: OCALA, FL 34476

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. GLENN LEWIS

DP

03/16/2006

Electronic Signature of Signing Officer or Director

Date