2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008
Secretary of State

DOCUMENT# N29851

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 (X)**

Name and Address of Current Registered Agent:

VAN ARSDALE, PETER J DP
9435 SW 90TH ST.
OCALA, FL 34481 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	VAN ARSDALE, PETER J DP	
Address:	9435 SW 90TH ST.	
City-St-Zip:	OCALA, FL 34481	
Title:	DS	( ) Delete
Name:	HORNE, JEAN DS	
Address:	8880-B SW 94TH ST	
City-St-Zip:	OCALA, FL 34481	
Title:	DV	( ) Delete
Name:	GRANSER, JOAN DV	
Address:	8875-B SW 92ND ST.	
City-St-Zip:	OCALA, FL 34481	
Title:	D	( ) Delete
Name:	MCGREGOR, PRESTON D	
Address:	5546 SW 84TH LANE	
City-St-Zip:	OCALA, FL 34474	
Title:	D	( ) Delete
Name:	NELSON, ROBERT D	
Address:	11065 SW 64 AVE.	
City-St-Zip:	OCALA, FL 34476	
Title:	D	( ) Delete
Name:	COMERFORD, ROBERT D	
Address:	11658 SW 75TH CIRCLE	
City-St-Zip:	OCALA, FL 34476	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
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 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: PETER J VAN ARSDALE MR 03/21/2008

Electronic Signature of Signing Officer or Director — Date