

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90087 036 *****61.25

DOCUMENT # N29851

1. Entity 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**

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
6692 SW 111TH LOOP
OCALA FL 34476**

Name

Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
NAME **LOOMIS, HAROLD R**
STREET ADDRESS **6692 SW 111TH LOOP**
CITY-ST-ZIP **OCALA FL 34476**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☐ Delete
NAME **HORNE, JEAN**
STREET ADDRESS **8880-B SW 94TH ST**
CITY-ST-ZIP **OCALA FL 34481**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** ☒ Delete
NAME **VAN FLEET, JOHN**
STREET ADDRESS **10101 SW 73RD CT**
CITY-ST-ZIP **OCALA FL 34476**

TITLE ☐ Change ☒ Addition
NAME **Robert Bradshaw**
STREET ADDRESS **5906 SW 111th Place**
CITY-ST-ZIP **Ocala, FL. 34476**

TITLE **D** ☐ Delete
NAME **BALDWIN, ROBERT**
STREET ADDRESS **10655 SW 68TH TERRACE**
CITY-ST-ZIP **OCALA FL 34476**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **BURST, LULU**
STREET ADDRESS **8374 SW 109TH LANE RD**
CITY-ST-ZIP **OCALA FL 34481**

TITLE ☐ Change ☒ Addition
NAME **Larry Jones**
STREET ADDRESS **7085 SW 116th Loop**
CITY-ST-ZIP **Ocala, FL 34476**

TITLE **D** ☒ Delete
NAME **DONOVAN, MARJORIE**
STREET ADDRESS **10151 SW 93RD CT**
CITY-ST-ZIP **OCALA FL 34481**

TITLE ☐ Change ☒ Addition
NAME **Gloria Eason**
STREET ADDRESS **8267 SW 113th Lane**
CITY-ST-ZIP **Ocala, FL 34481**

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

4-8-2003 352-854-9550

CR2E037 (10/02)