

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90042 038 *****61.25

DOCUMENT # N95000002614

1. Entity Name

ST. MARK'S UNITED METHODIST CHURCH OF OCALA, INC.



Principal Place of Business

**1839 N.E. 8TH ROAD
OCALA FL 34470**

Mailing Address

**1839 N.E. 8TH ROAD
OCALA FL 34470**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3330149

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

**HARVILLE, SHIRLEY
1839 N.E. 8TH ROAD
OCALA FL 34470**

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

Shirley Harville

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

TITLE **P** ☒ Delete
NAME **ELLIS, MARTIN**
STREET ADDRESS **3920 NE 6 CT**
CITY-ST-ZIP **OCALA FL 34479**

TITLE **D** ☒ Delete
NAME **NEUPAUER, CHARLOTTE**
STREET ADDRESS **1807 NE 16 PL**
CITY-ST-ZIP **OCALA FL 34470**

TITLE **T** ☐ Delete
NAME **SHAFFER, GEORGE H**
STREET ADDRESS **4500-36 NW BLITCHTON RD**
CITY-ST-ZIP **OCALA FL 34482**

TITLE **D** ☐ Delete
NAME **PRICE, MONA**
STREET ADDRESS **2025 SW 75 AVE**
CITY-ST-ZIP **OCALA FL 34474**

TITLE **V** ☐ Delete
NAME **LLOYD, WILMA**
STREET ADDRESS **C/O 1839 N.E. 8TH ROAD**
CITY-ST-ZIP **OCALA FL 34470**

TITLE **S** ☐ Delete
NAME **ANDERSON, LISA**
STREET ADDRESS **1010 NE 11 AVE.**
CITY-ST-ZIP **OCALA FL 34470**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **p** ☐ Change ☒ Addition
NAME **John Maloney, Jr.**
STREET ADDRESS **1249 NE 8 St**
CITY-ST-ZIP **Ocala FL 34470**

TITLE **D** ☒ Change ☐ Addition
NAME **Ellis, Martin**
STREET ADDRESS **3920 NE 6 Ct**
CITY-ST-ZIP **Ocala FL 34479**

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

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

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

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

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: *Wilma Lloyd*

Wilma Lloyd

03/29/05

352-622-4475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #