

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90341 021 \*\*\*\*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 (10/05)

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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 ☐ Delete  
NAME **P MALONEY, JOHN JR**  
STREET ADDRESS **1249 NE 8 ST**  
CITY - ST - ZIP **OCALA FL 34470**

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME **Price, Mona J.**  
STREET ADDRESS **2025 SW 75 Ave**  
CITY - ST - ZIP **Ocala FL 34474**

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

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

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

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 exemptions contained in Section 119, 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.

**Martin A. Ellis**

**SIGNATURE:**

**04/07/2006**

**352.622.4475**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #