

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90079 006 \*\*\*\*61.25

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| <b>DOCUMENT # N95000002614</b>  |   |  |  |  |  |
| <b>1. Entity Name</b><br>ST. MARK'S UNITED METHODIST CHURCH OF OCALA, INC.  |   |  |  |  |  |
| <b>Principal Place of Business</b><br>1839 N.E. 8TH ROAD<br>OCALA, FL 34470   |   |  | <b>Mailing Address</b><br>1839 N.E. 8TH ROAD<br>OCALA, FL 34470  |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |   | <b>3. Mailing Address</b>  |  |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |  |  |  |
| City & State  |   | City & State   |  |  |  |
| Zip   | Country   | Zip  | Country  | <b>4. FEI Number</b><br>59-3330149   |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |   |  |  | <b>\$8.75 Additional Fee Required</b>  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>HARVILLE, SHIRLEY<br>1839 N.E. 8TH ROAD<br>OCALA, FL 34470  |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |  |
| FL  |   |  | Zip Code   |  |  |
| <b>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.</b>  |   |  |  |  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |  |  |  |  |
| <b>Filing Fee Is \$61.25 Due by May 1, 2007</b>   |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make check payable to Florida Department of State</b>  |   |  |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <b>D</b> <input type="checkbox"/> Delete<br>ELLIS, MARTIN<br>3920 NE 6 CT<br>OCALA, FL 34479                |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <b>T</b> <input type="checkbox"/> Delete<br>SHAFFER, GEORGE H<br>4500-36 NW BLITCHTON RD<br>OCALA, FL 34482 |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <b>P</b> <input type="checkbox"/> Delete<br>PRICE, MONA J<br>2025 SW 75 AVE<br>OCALA, FL 34474              |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <b>V</b> <input type="checkbox"/> Delete<br>LLOYD, WILMA<br>C/O 1839 N.E. 8TH ROAD<br>OCALA, FL 34470       |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <b>S</b> <input checked="" type="checkbox"/> Delete<br>ANDERSON, LISA<br>1010 NE 11 AVE.<br>OCALA, FL 34470 |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Harville, Shirley<br>4500 NW Blitchton Rd #142<br>Ocala FL 34482 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete   |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b> |   |  |  |  |  |
| <b>SIGNATURE:</b> <u>Mona J. Price</u> <b>02/23/07 352.622.4475</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |   |  |  |  |  |

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