2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2008 8:00 am
Secretary of State
03-28-2008 90039 006 ****61.25

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1. Entity Name

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

Principal Place of Business	Mailing Address
1839 N.E. 8TH ROAD OCALA FL 34470	1839 N.E. 8TH ROAD OCALA FL 34470

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Dx ELLIS, MARTIN 3920 NE 6 CT OCALA FL 34479	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SHAFFER, GEORGE H 4500-36 NW BLITCHTON RD OCALA FL 34482	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ~~PRICE, MONA J~~ ~~2035 SW 75 AVE~~ ~~OCALA FL 3447~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Chambless, Jim 1738 SE 7 St Ocala FL 34471	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LLOYD, WILMA C/O 1839 N.E. 8TH ROAD OCALA FL 34470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ~~ANDERSON, LISA~~ ~~1010 NE 1 AVE.~~ ~~OCALA FL 3447~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Harville, Shirley 1839 NE 8 Rd Ocala FL 34470	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: Martin A. Ellis MARTIN A. ELLIS 03.19.08 352.622.4475