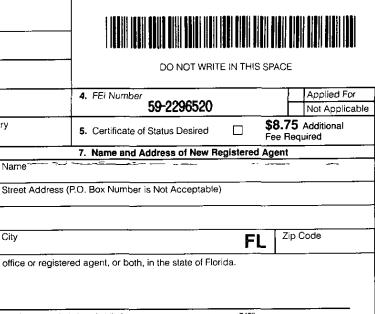
2000 UNIFORM BUSINESS REPÓRT (UBR) **DOCUMENT # 706017** 1. Entity Name HOCKADAY MEMORIAL FREE METHODIST CHURCH, INC. Principal Place of Business Mailing: Address 37002 HOWARD AVENUE 37002 HOWARD AVENUE P.O. BOX 1667 P.O. BOX 1667 DADE CITY FL 33526-1667 DADE CITY FL 33525-3921 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Zip Country

6. Name and Address of Current Registered Agent

FILED Mar 01, 2000 8:00 am **Secretary of State**

03-01-2000 90022 031 ****61.25



8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or	registered agent, or both, in	the state of Florida.	
SIGNATURE.	Signature, typed or printed name of registered agent as	nd title if applicable (NOTE: I	Registered Agent signatu	ure required when reinstating)	DATE	·
	FILE NOW: 9. Election Campaign FEE IS \$61.25 Trust Fund Contribution		. –	\$5.00 May Be Added to Fees Make Check Payable to Department of State		1
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANGI	ES TO OFFICERS AND DIRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYLE LANE 6358 DAKOTA DRIVE BROOKSVILLE FL	☐ Delizte	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WADDLE, ELVA 808 GOLDENROD CT. DADE CITY FL	☐ Deli>te	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH,LINDY C. 36936 SUWANNEE WAY DADE CITY FL	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMOCK, HAROLD E. 11 TERASA RD. DADE CITY FL	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Horn, Clarence 36450 Shady Oaks Drive Dade City Fl	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	D ST.CLAIR, EARL W 2716 N HWY US 301 DADE CITY FL certify that the information supplied with	Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	ed in Section 119 07(3Vi) Ele	Change	Addition

City

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 agaddress, with all other like empowered.

SMITH, LINDY C

36936 SUWANNEE WAY DADE CITY FL 33525

2-22-00

352 567-5499