


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90001 024 \*\*\*\*61.25

DOCUMENT # 706017	
1. Entity Name HOCKADAY MEMORIAL FREE METHODIST CHURCH, INC.	

Principal Place of Business 37002 HOWARD AVENUE P.O. BOX 1667 DADE CITY FL 33526-1667 US	Mailing Address 37002 HOWARD AVENUE P.O. BOX 1667 DADE CITY FL 33525-1667 US
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2. Principal Place of Business - No P.O. Box # 37002 Howard Ave	3. Mailing Address 13945 S. 20th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State DADE City FL	City & State DADE City FL
Zip 33525	Country US
City & State DADE City FL	City & State DADE City FL
Zip 33525	Country USA

4. FEI Number 59-2296520	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SMITH, LINDY C 37707 CAMPHOR DRIVE DADE CITY FL 33525	7. Name and Address of New Registered Agent Name Rhonda Duncan Street Address (P.O. Box Number is Not Acceptable) 13945 S. 20th St City DADE City FL Zip Code 33525
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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 Rhonda Duncan, Rhonda Duncan, Treasurer  
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, 2007	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STOUGH, KENNETH 11612 PIER VIEW ROAD DADE CITY FL 33525 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D M. H. Pennington, SR. 38044 Church Ave DADE CITY FL 33525 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUNCAN, JAYE 12005 FT. KING ROAD DADE CITY FL 33525 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUNCAN, Jaye 37430 Pappy Rd DADE CITY FL 33523 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SMITH, LINDY C. 36936 SUWANNEE WAY DADE CITY FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHEARER, CHARLES 38703 BRAHMAN DRIVE DADE CITY FL 33525 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FUDGE, JAMES 19141 DUNCAN COURT DADE CITY FL 33525 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ST. CLAIR, EARL W 2716 N HWY US 301 DADE CITY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Rhonda Duncan, Treasurer 2/19/07 3524240335  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #