I hereby certify that the information indicated on this report or supplemental report is true and accurate	and that my electronic 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 Statute	es; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE: RHONDA DUNCAN	TREASURER	01/27/2016

TREASURER

SIGNATURE: RHONDA DUNCAN

Electronic Signature of Signing Officer/Director Detail

DUNCAN, RHONDA 13945 S. 20TH ST DADE CITY, FL 33525 US
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.
SIGNATURE:

Officer/Director Detail :

Title	D	Title	D
Name	MAHON, LEE	Name	FUDGE, JAMES
Address	38540 TRELLIS AVE	Address	19141 DUNCAN CT
City-State-Zip:	ZEPHYRHILLS FL 33540	City-State-Zip:	DADE CITY FL 33523
			DIDECTOD
Title	TREASUERER	Title	DIRECTOR
Title Name	TREASUERER DUNCAN, RHONDA	Title Name	DIRECTOR PENNINGTON, TERRY
Name	DUNCAN, RHONDA	Name	PENNINGTON, TERRY

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706017

Entity Name: HOCKADAY MEMORIAL FREE METHODIST CHURCH, INC.

Current Principal Place of Business:

37002 HOWARD AVENUE DADE CITY, FL 33526-1667

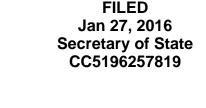
Current Mailing Address:

13945 SOUTH 20TH STREET DADE CITY, FL 33525 US

FEI Number: 59-2296520

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent



Certificate of Status Desired: No

Date

Date