FEI Number: 59-2296520			Certificate of Status Desired: No		
Name and Address of Current Registered Agent:					
MAHON, TRACY F 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	: TRACY F MAHON			01/07/2020
		Electronic Signature of Registered Agent			Date
Officer/Director Detail :					
	Title	D	Title	TREASUERER	
	Name	FUDGE, JAMES	Name	MAHON, TRACY F	
	Address	19141 DUNCAN CT	Address	38541 TRELLIS AVE.	
	City-State-Zip:	DADE CITY FL 33523	City-State-Zip:	ZEPHYRHILLS FL 33540	
	Title	TRUSTEE	Title	TRUSTEE	
	Name	PEREZ, MIGUEL	Name	ROBERTS, RICHARD	
	Address	38849 MARGS CT.	Address	37039 HOWARD AVE.	
	City-State-Zip:	ZEPYRHILLS FL 33540	City-State-Zip:	DADE CITY FL 33525	

13945 SOUTH 20TH STREET

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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 Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TRACY F MAHON

TREASURER

01/07/2020

Electronic Signature of Signing Officer/Director Detail

2020 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:**

DADE CITY, FL 33525 US

## F

Date

### FILED Jan 07, 2020 **Secretary of State** 6474068614CC