

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706017 (1)
1. Corporation Name
HOCKADAY MEMORIAL FREE METHODIST CHURCH, INC.



Principal Place of Business Mailing Address
**1104 WEST HOWARD AVENUE
P. O. BOX 1667
DADE CITY FL 33526-1667**

3. Date Incorporated or Qualified 3a. Date of Last Report
08/09/1963 **01/27/1995**

2. Principal Place of Business 2a. Mailing Address
21 37002 HOWARD AVENUE **26 37002 HOWARD AVENUE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 P.O. BOX 1667 **27 P.O. BOX 1667**
City & State City & State
23 DADE CITY FL 33526-1667 **28 DADE CITY, FL 33525-1667**
Zip Zip Country Country
24 **25** **29** **30**

4. FEI Number Applied For
59-2296520 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**SMITH, LINDY C
36936 SUWANNEE WAY
DADE CITY FL 33525**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYLE LANE	1.2 NAME	
STREET ADDRESS	6358 DAKOTA DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADDLE, ELVA	2.2 NAME	
STREET ADDRESS	808 GOLDENROD CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LINDY C.	3.2 NAME	
STREET ADDRESS	36936 DAKOTA DR.	3.3 STREET ADDRESS	36936 SUWANNEE WAY
CITY-ST-ZIP	DADE CITY FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMOCK, HAROLD E.	4.2 NAME	
STREET ADDRESS	11 TERASA RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ALLEN	5.2 NAME	
STREET ADDRESS	1104 WEST HOWARD AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST. CLAIR, EARL W	6.2 NAME	
STREET ADDRESS	2716 N HWY US 301	6.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Lindy C. Smith* **LINDY C. SMITH** **1-20-96** **(352)567-5499**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)