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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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
37002 HOWARD AVENUE P.O. BOX 1667 DADE CITY FL 33526-1667 US	37002 HOWARD AVENUE P.O. BOX 1667 DADE CITY FL 33525-3921 US

3. Date Incorporated or Qualified: 08/09/1963
3a. Date of Last Report: 02/08/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-2296520 ☐ Applied For ☐ Not Applicable

6. 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

SMITH,LINDY C
36936 SUWANNEE WAY
DADE CITY FL 33525

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ 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	☐ DELETE	2.1 TITLE	☐ Change ☐ 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	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SMITH,LINDY C.		3.2 NAME	
STREET ADDRESS	36936 SUWANNEE WAY		3.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ 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	☒ DELETE	5.1 TITLE	D ☐ Change ☒ Addition
NAME	JOHNSON, ALLEN		5.2 NAME	CLARENCE HORN
STREET ADDRESS	1104 WEST HOWARD AVE		5.3 STREET ADDRESS	36450 SHADY OAKS DRIVE
CITY-ST-ZIP	DADE CITY FL		5.4 CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ 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	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE: Lindy C. Smith REQUIRED 2-7-97 (352) 567-5499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #