

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 05 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 706017 (1)**

1. Corporation Name  
**HOCKADAY MEMORIAL FREE METHODIST CHURCH, INC.**



Principal Place of Business <b>37002 HOWARD AVENUE P.O. BOX 1667 DADE CITY FL 33526-1667 US</b>	Mailing Address <b>37002 HOWARD AVENUE P.O. BOX 1667 DADE CITY FL 33526-1667 US</b>
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3. Date Incorporated or Qualified <b>08/09/1963</b>	
4. FEI Number <b>59-2296520</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**SMITH, LINDY C  
36938 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	NAME <b>LYLE LANE</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>6358 DAKOTA DRIVE</b>	CITY-ST-ZIP <b>BROOKSVILLE FL</b>	1.2 NAME	
TITLE <b>S</b>	NAME <b>WADDLE, ELVA</b>	1.3 STREET ADDRESS	
STREET ADDRESS <b>808 GOLDENROD CT.</b>	CITY-ST-ZIP <b>DADE CITY FL</b>	1.4 CITY-ST-ZIP	
TITLE <b>TD</b>	NAME <b>SMITH, LINDY C.</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>36938 SUWANNEE WAY</b>	CITY-ST-ZIP <b>DADE CITY FL</b>	2.2 NAME	
TITLE <b>D</b>	NAME <b>SMOCK, HAROLD E.</b>	2.3 STREET ADDRESS	
STREET ADDRESS <b>11 TERASA RD.</b>	CITY-ST-ZIP <b>DADE CITY FL</b>	2.4 CITY-ST-ZIP	
TITLE <b>D</b>	NAME <b>HORN, CLARENCE</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>36450 SHADY OAKS DRIVE</b>	CITY-ST-ZIP <b>DADE CITY FL</b>	3.2 NAME	
TITLE <b>D</b>	NAME <b>ST. CLAIR, EARL W</b>	3.3 STREET ADDRESS	
STREET ADDRESS <b>2716 N HWY US 301</b>	CITY-ST-ZIP <b>DADE CITY FL</b>	3.4 CITY-ST-ZIP	
TITLE <b>D</b>	NAME <b>SMOCK, HAROLD E.</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>11 TERASA RD.</b>	CITY-ST-ZIP <b>DADE CITY FL</b>	4.2 NAME	
TITLE <b>D</b>	NAME <b>HORN, CLARENCE</b>	4.3 STREET ADDRESS	
STREET ADDRESS <b>36450 SHADY OAKS DRIVE</b>	CITY-ST-ZIP <b>DADE CITY FL</b>	4.4 CITY-ST-ZIP	
TITLE <b>D</b>	NAME <b>ST. CLAIR, EARL W</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2716 N HWY US 301</b>	CITY-ST-ZIP <b>DADE CITY FL</b>	5.2 NAME	
TITLE <b>D</b>	NAME <b>SMOCK, HAROLD E.</b>	5.3 STREET ADDRESS	
STREET ADDRESS <b>11 TERASA RD.</b>	CITY-ST-ZIP <b>DADE CITY FL</b>	5.4 CITY-ST-ZIP	
TITLE <b>D</b>	NAME <b>SMOCK, HAROLD E.</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>11 TERASA RD.</b>	CITY-ST-ZIP <b>DADE CITY FL</b>	6.2 NAME	
TITLE <b>D</b>	NAME <b>SMOCK, HAROLD E.</b>	6.3 STREET ADDRESS	
STREET ADDRESS <b>11 TERASA RD.</b>	CITY-ST-ZIP <b>DADE CITY FL</b>	6.4 CITY-ST-ZIP	

14. I 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: *Sandra B. Mortham* 1 FEB 11 1998 11:19 AM '98 (250) 517 5199

CR2E037 (1097)