

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 19, 1999 8:00am**  
**Secretary of State**

02-19-1999 90022 005 \*\*\*\*\*61.25

DOCUMENT # 706017

i. Corporation Name

HOCKADAY MEMORIAL FREE METHODIST CHURCH, INC.

Principal Place of Business

37002 HOWARD AVENUE  
P.O. BOX 1667  
DADE CITY FL 33525-1667  
JS

Mailing Address

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

1. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip Country

3. Date Incorporated or Qualified

08/09/1963

4. FEI Number

59-2296520

Applied For

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

9. Name and Address of Current Registered Agent

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

1. 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

2. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME LYLE LANE  
STREET ADDRESS 6358 DAKOTA DRIVE  
CITY-ST-ZIP BROOKSVILLE FL

TITLE S ☐ DELETE  
NAME WADDLE, ELVA  
STREET ADDRESS 808 GOLDENROD CT.  
CITY-ST-ZIP DADE CITY FL

TITLE TD ☐ DELETE  
NAME SMITH, LINDY C.  
STREET ADDRESS 36936 SUWANNEE WAY  
CITY-ST-ZIP DADE CITY FL

TITLE D ☐ DELETE  
NAME SMOCK, HAROLD E.  
STREET ADDRESS 11 TERASA RD.  
CITY-ST-ZIP DADE CITY FL

TITLE D ☐ DELETE  
NAME HORN, CLARENCE  
STREET ADDRESS 36450 SHADY OAKS DRIVE  
CITY-ST-ZIP DADE CITY FL

TITLE D ☐ DELETE  
NAME ST. CLAIR, EARL W  
STREET ADDRESS 2716 N HWY US 301  
CITY-ST-ZIP DADE CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

4. 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, with all other like empowered.

SIGNATURE:

*Lindy C. Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-99

Date

352-567-5499

Daytime Phone #

CR2E037 (11/98)