

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90022 031 ****61.25

DOCUMENT # 706017

1. Entity 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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2296520

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, LINDY C
36936 SUWANNEE WAY
DADE CITY FL 33525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	LYLE LANE	
STREET ADDRESS	6358 DAKOTA DRIVE	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WADDLE, ELVA	
STREET ADDRESS	808 GOLDENROD CT.	
CITY-ST-ZIP	DADE CITY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SMITH, LINDY C.	
STREET ADDRESS	36936 SUWANNEE WAY	
CITY-ST-ZIP	DADE CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMOCK, HAROLD E.	
STREET ADDRESS	11 TERASA RD.	
CITY-ST-ZIP	DADE CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HORN, CLARENCE	
STREET ADDRESS	36450 SHADY OAKS DRIVE	
CITY-ST-ZIP	DADE CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ST. CLAIR, EARL W	
STREET ADDRESS	2716 N HWY US 301	
CITY-ST-ZIP	DADE CITY FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lindy C. Smith* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-00

Date

352 567-5499

Daytime Phone #

CR2E037 (9/99)