


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 706017
 1. Entity Name
HOCKADAY MEMORIAL FREE METHODIST CHURCH, INC.



Principal Place of Business Mailing Address
37002 HOWARD AVENUE **37002 HOWARD AVENUE**
P.O. BOX 1667 **P.O. BOX 1667**
DADE CITY FL 33526-1667 **DADE CITY FL 33525-1667**
US **US**



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2296520** Applied For
 Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Change Addition
U00000077764
03/05/04-80056-022 61.25

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

Change Addition

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

Change Addition

TITLE Delete
 NAME **D**
 STREET ADDRESS **SHEARER, CHARLES**
 CITY-ST-ZIP **38703 BRAHMAN DRIVE**
DADE CITY FL 33525

Change Addition

TITLE Delete
 NAME **D**
 STREET ADDRESS **FUDGE, JAMES**
 CITY-ST-ZIP **19141 DUNCAN COURT**
DADE CITY FL 33525

Change Addition

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

Change Addition

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* **LINDY C. SMITH 2-29-04 352.567-5499**