

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90083 003 ****61.25

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

Principal Place of Business 37002 HOWARD AVENUE P.O. BOX 1667 DADE CITY FL 33526-1667 US	Mailing Address 37002 HOWARD AVENUE P.O. BOX 1667 DADE CITY FL 33525-1667 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

00041048



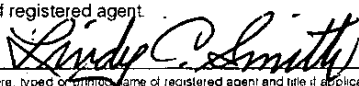
1st MOORE CR2E037 (10/04)

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 SMITH, LINDY C 36936 SUWANNEE WAY DADE CITY FL 33525	
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7. Name and Address of New Registered Agent	
Name LINDY C. SMITH	
Street Address (P.O. Box Number is Not Acceptable)	
37707 CAMPHOR DRIVE	
City DADE CITY	Zip Code FL 33525

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.

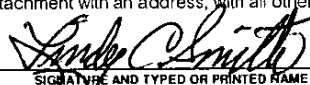
SIGNATURE:  DATE: **2-21-05**

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYLE LANE 6358 DAKOTA DRIVE BROOKSVILLE FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNETH STOUGH 11612 PIER VIEW ROAD DADE CITY, FL 33525 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WADDLE, ELVA 808 GOLDENROD CT. DADE CITY FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAYE DUNCAN 12005 FT. KING ROAD DADE CITY, FL 33525 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, LINDY C. 36936 SUWANNEE WAY DADE CITY FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEARER, CHARLES 38703 BRAHMAN DRIVE DADE CITY FL 33525 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUDGE, JAMES 19141 DUNCAN COURT DADE CITY FL 33525 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ST. CLAIR, EARL W 2716 N HWY US 301 DADE CITY FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ 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** DATE: **2-21-05** (352) 567-5499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR