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	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 33525-1667 US

JUU421340

1st MOORE CR2E037 (10/04)

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

SMITH,LINDY C
36936 SUWANNEE WAY
DADE CITY FL 33525

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 FL Zip Code: 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: Lindy C. Smith 2-21-05

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, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D LYLE LANE 6358 DAKOTA DRIVE BROOKSVILLE FL	☒ Delete	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	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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHEARER, CHARLES 38703 BRAHMAN DRIVE DADE CITY FL 33525	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FUDGE, JAMES 19141 DUNCAN COURT DADE CITY FL 33525	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ST.CLAIR, EARL W 2716 N HWY US 301 DADE CITY FL	☐ Delete		☐ 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 2-21-05 (352) 567-5499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #