


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 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**

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/05)
 4. FEI Number Applied For
59-2296520 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SMITH, LINDY C
37707 CAMPHOR DRIVE
DADE CITY FL 33525

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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		<input type="checkbox"/> Delete
TITLE	D	<input type="checkbox"/> Delete
NAME	STOUGH, KENNETH	
STREET ADDRESS	11612 PIER VIEW ROAD	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNCAN, JAYE	
STREET ADDRESS	12006 FT. KING ROAD	
CITY-ST-ZIP	DADE CITY FL 33525	
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	SHEARER, CHARLES	
STREET ADDRESS	38703 BRAHMAN DRIVE	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	D	<input type="checkbox"/> Delete
NAME	FUDGE, JAMES	
STREET ADDRESS	19141 DUNCAN COURT	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	D	<input type="checkbox"/> Delete
NAME	ST. CLAIR, EARL W	
STREET ADDRESS	2716 N HWY US 301	
CITY-ST-ZIP	DADE CITY FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

UN0000438251
 02/28/06-80080-020 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 _____ DATE _____