

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90042 025 ****61.25

DOCUMENT # 706017 1. Entity Name HOCKADAY MEMORIAL FREE METHODIST CHURCH, INC.																											
Principal Place of Business 37002 HOWARD AVENUE DADE CITY FL 33526-1667 US		Mailing Address 37002 HOWARD AVENUE P.O. BOX 1667 DADE CITY FL 33526-1667 US																									
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 13945 S. 20th St Suite, Apt. #, etc.																									
City & State Dade City FL		4. FEI Number 59-2296520																									
Zip 33525		Country U.S.																									
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For Not Applicable																									
6. Name and Address of Current Registered Agent DUNCAN, RHONDA 13945 S. 20TH ST 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 <i>Rhonda Duncan</i> Signature, typed or printed name of registered agent and title, if applicable. 2-28-08 DATE (NOTE: Registered Agent signature required when reinstating)																											
FILE NOW: FEE IS \$61.25 Due By: May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																									
Make Check Payable to Florida Department of State		Make Check Payable to Florida Department of State																									
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																									
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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: <i>Rhonda Duncan</i> (RHONDA DUNCAN) 2/28/08 352-567-7939																											