

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706017

FILED  
Feb 11, 2009  
Secretary of State

**Entity Name:** HOCKADAY MEMORIAL FREE METHODIST CHURCH, INC.

**Current Principal Place of Business:**

37002 HOWARD AVENUE  
DADE CITY, FL 335261667 US

**New Principal Place of Business:**

**Current Mailing Address:**

13945 SOUTH 20TH STREET  
DADE CITY, FL 33525 US

**New Mailing Address:**

**FEI Number:** 59-2296520

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUNCAN, RHONDA  
13945 S. 20TH ST  
DADE CITY, FL 33525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: STOUGH, KENNETH  
Address: 11612 PIER VIEW ROAD  
City-St-Zip: DADE CITY, FL 33525

Title: D ( ) Delete  
Name: DUNCAN, JAYE  
Address: 37430 POPPY RD  
City-St-Zip: DADE CITY, FL 33523

Title: D ( ) Delete  
Name: PENNINGTON, M.H. SR.  
Address: 38044 CHURCH AVE  
City-St-Zip: DADE CITY, FL 33525

Title: D ( ) Delete  
Name: SHEARER, CHARLES  
Address: 38703 BRAHMAN DRIVE  
City-St-Zip: DADE CITY, FL 33525

Title: D ( ) Delete  
Name: FUDGE, JAMES  
Address: 19141 DUNCAN COURT  
City-St-Zip: DADE CITY, FL 33525

Title: D ( ) Delete  
Name: ST.CLAIR, EARL W,  
Address: 2716 N HWY US 301  
City-St-Zip: DADE CITY, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RHONDA DUNCAN

TREA

02/11/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date