

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 706017

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

**Current Principal Place of Business:**

37002 HOWARD AVENUE  
DADE CITY, FL 33526-1667

**Current Mailing Address:**

13945 SOUTH 20TH STREET  
DADE CITY, FL 33525 US

**FEI Number:** 59-2296520

**Certificate of Status Desired:** No

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

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

*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

**Officer/Director Detail :**

Title            D  
Name            MAHON, LEE  
Address        38540 TRELIS AVE  
City-State-Zip: ZEPHYRHILLS FL 33540

Title            D  
Name            FUDGE, JAMES  
Address        19141 DUNCAN CT  
City-State-Zip: DADE CITY FL 33523

Title            TREASUERER  
Name            DUNCAN, RHONDA  
Address        19153 DUNCAN CT  
City-State-Zip: DADE CITY FL 33523

Title            DIRECTOR  
Name            PENNINGTON, TERRY  
Address        12734 HAPPY HILL RD  
City-State-Zip: DADE CITY FL 33525

*I hereby 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 all other like empowered.*

**SIGNATURE:** RHONDA DUNCAN

**TREASURER**

**01/27/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date