
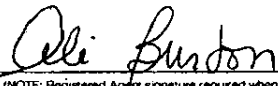
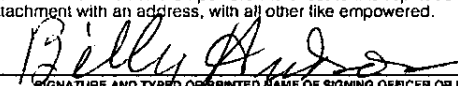


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90007 007 ****61.25

DOCUMENT # N32091					
1. Entity Name OCHLOCKNEE BAY UNITED METHODIST CHURCH, INC.					
Principal Place of Business 2780 SURF ROAD OCHLOCKNEE BAY, FL 32346		Mailing Address P.O. BOX 839 PANACEA, FL 32346 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2158195	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required..	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KIRBY, NORMA 117 MONOCOUCPE CIRCLE OCHLOCKNEE BAY, FL 32346			Name <u>Ali Burton</u> Street Address (P.O. Box Number is Not Acceptable) <u>252 Bottoms Road</u> <u>Panacea</u> City <u>FL</u> Zip Code <u>32346</u>		
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 <u>Ali Burton</u>				DATE <u>1/13/04</u>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUDSON, BILLY		NAME		
STREET ADDRESS	PO BOX 606		STREET ADDRESS		
CITY-ST-ZIP	PANACEA, FL 32346		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THORNTON, MAX C		NAME		
STREET ADDRESS	PO BOX 602		STREET ADDRESS		
CITY-ST-ZIP	PANACEA, FL 32346		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MASTERSON, JOHN		NAME	Tom Wechter	
STREET ADDRESS	103 RIVER DR		STREET ADDRESS	34 Glover Daddy Rd.	
CITY-ST-ZIP	OCHLOCKNEE BAY, FL 32346		CITY-ST-ZIP	Crawfordville, FL 32327	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KIRBY, NORMA		NAME	Ali Burton	
STREET ADDRESS	117 MONOCOUCPE CIRCLE		STREET ADDRESS	252 Bottoms Road	
CITY-ST-ZIP	OCHLOCKNEE BAY, FL 32346		CITY-ST-ZIP	Panacea, FL 32346	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MTEZKE, NANCY		NAME		
STREET ADDRESS	3976 ST. TERESA AVE		STREET ADDRESS		
CITY-ST-ZIP	ST. TERESA, FL 32358		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NELLUMS, JENNIFER		NAME		
STREET ADDRESS	349 BUCKHORN CREEK RD		STREET ADDRESS		
CITY-ST-ZIP	SOPCHOPPY, FL 323587		CITY-ST-ZIP		
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: 		1/13/04		850-984-5591	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	