

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90038 008 ****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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
**BURTON, ALI
 252 BOTTOMS RD
 OCHLOCKNEE BAY FL 32346**

4. FEI Number
59-2158195

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
252 Bottoms Rd.
 City **Panacea** **FL** Zip Code **32346**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUDSON, BILLY PO BOX 606 PANACEA FL 32346 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORNTON, MAX C PO BOX 602 PANACEA FL 32346 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WECHTER, TOM 34 GLOVER DADDY RD CRAWFORDVILLE FL 32327 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gerald Richardson 479 Mashers Sands Rd Ochlocknee Bay, FL 32346 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURTON, ALI 252 BOTTOMS ROAD OCHLOCKNEE BAY FL 32346 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 252 Bottoms Rd Panacea, FL 32346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MTEZKE, NANCY 3976 ST. TERESA AVE ST. TERESA FL 32358 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Linda Fleming 96 Silver Acres Dr. Ochlocknee Bay, FL 32346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELLUMS, JENNIFER 349 BUCKHORN CREEK RD SOPCHOPPY FL 32-3587 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Valerie Pound P. O. Box 235 Panacea, FL 32346

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: Ali Burton **01/26/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #