


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90059 041 \*\*\*\*61.25

|  |         |   |         |
|--|---------|---|---------|
| DOCUMENT # N32091  |         |  |         |
| 1. Entity Name<br>OCHLOCKONEE BAY UNITED METHODIST CHURCH, INC.          |         |   |         |
| Principal Place of Business<br>2780 SURF ROAD<br>OCHLOCKNEE BAY FL 32346 |         | Mailing Address<br>P.O. BOX 839<br>PANACEA FL 32346<br>US                         |         |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.    |         | 3. Mailing Address<br>Suite, Apt. #, etc.   |         |
| City & State   |         | City & State  |         |
| Zip  | Country | Zip   | Country |



1st MOORE CR2E037 (10/06)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>59-2158195                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><br>BURTON, ALI<br>252 BOTTOMS RD<br>PANACEA FL 32346 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><b>FL</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

|  |  |                                    |  |
|--|--|------------------------------------|--|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2007</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Florida Department of State</b> |
|--|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>DAVIS, BILL<br>32 SHORELINE DR.<br>PANACEA FL 32346 <input checked="" type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P<br>Linda Fleming<br>96 Silver Acres Dr.<br>Ochlockonee Bay, FL 32346 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>KIRBY, NORMA<br>117 MONOCOUCPE CIRCLE<br>PANACEA FL 32346 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Max C. Thornton<br>P. O. Box 602<br>Panacea, FL 32346 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>RICHARDSON, GERALD<br>479 MASHES SANDS RD<br>OCHLOCKONEE BAY FL 32346 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Jerry Peters<br>2315 Surf Rd.<br>Ochlockonee Bay, FL 32346 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BURTON, ALI<br>252 BOTTOMS ROAD<br>PANACEA FL 32346 <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>FLEMING, LINDA<br>96 SILVER ACRES DR<br>OCHLOCKONEE BAY FL 32346 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>POUND, VALERIE<br>P.O. BOX 235<br>PANACEA FL 32346 <input checked="" type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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: Ali Burton 2-12-07 858-984-0127  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #