

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90033 003 ****61.25



DOCUMENT # N32091
 1. Entity Name
OCHLOCKONEE 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 - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

1st MOORE CR2E037 (10/07)

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

4. FEI Number **59-2158195** Applied For: No: Applicable

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

7. Name and Address of New Registered Agent
 Name: **Joann Shepard**
 Street Address (P.O. Box Number is Not Acceptable): **51 Sunrise Ln.**
 City: **Ochlockonee Bay FL 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's signature and name required with filing) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORNTON, MAX C <input type="checkbox"/> Delete PO BOX 602 PANACEA FL 32346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRBY, NORMA <input type="checkbox"/> Delete 117 MONOCOUE CIRCLE PANACEA FL 32346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, GERALD <input checked="" type="checkbox"/> Delete 479 MASHES SANDS RD OCHLOCKONEE BAY FL 32346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURTON, ALI <input checked="" type="checkbox"/> Delete 252 BOTTOMS ROAD PANACEA FL 32346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLEMING, LINDA <input checked="" type="checkbox"/> Delete 96 SILVER ACRES DR OCHLOCKONEE BAY FL 32346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERS, JERRY <input checked="" type="checkbox"/> Delete 2315 SURF RD PANACEA FL 32346

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D Shepard, Joann <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 51 Sunrise Ln. Ochlockonee Bay, FL 32346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Wise, Dale <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2161 Surf Rd. Ochlockonee Bay, FL 32346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D Gillette, Edwin <input type="checkbox"/> Change <input type="checkbox"/> Addition 17 Joe Dr. Ochlockonee Bay, FL 32346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Peters, Linda <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2315 Surf Rd. Ochlockonee Bay, FL 32346

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: *Joann W. Shepard* 1/28/08 850-984-5400