Current M	lailing Address:				
P.O. BOX PANACEA	839 A, FL 32346 US				
FEI Numb		Certificate of Status			
Name and Address of Current Registered Agent:					
• • • • • • • • • • • • • • • • • • • •	BETH A S SANDS RD. NEE BAY, FL 32346 US				
The above nar	med entity submits this statement for	r the purpose of changing its regis	tered office or reg	istered agent, or both, in the State	
SIGNATU	RE:				
	Electronic Signature of R	egistered Agent			
Officer/Di	rector Detail :				
Title	D		Title	D	
Name	JOINER, JACK		Name	CONNORS, BRUCE SR.	

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: OCHLOCKONEE BAY UNITED METHODIST CHURCH, INC.

Current Principal Place of Business: 2780 SURF ROAD OCHLOCKNEE BAY, FL 32346

DOCUMENT# N32091

oth, in the State of Florida.

Address	2289 SURF ROAD	Address	2289 SURF ROAD, A-3
City-State-Zip:	PANACEA FL 32346	City-State-Zip:	PANACEA FL 32346
Title	D	Title	D
Name	TURK, QUILL	Name	DAWS, GEORGE
Address	PO BOX 459	Address	41 POMPANO DR
City-State-Zip:	PANACEA FL 32346	City-State-Zip:	OCHLOCKONEE FL 32346
Title	D	Title	D
Name	KING, ANITA	Name	KIRBY, NORMA
Address	445 MASHES SANDS RD	Address	117 MONOCOUPE CIRCLE
City-State-Zip:	PANACEA FL 32346	City-State-Zip:	OCHLOCKONEE BAY FL 32346

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: NORMA KIRBY

OFFICER

02/06/2013

Electronic Signature of Signing Officer/Director Detail



Date

of Status Desired: No

Date