

**FILE NOW: FILING FEE IS \$61.25**

**APPROVED  
AND  
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**96 JAN 23 PM 3: 14**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N32091 (3)**  
1. Corporation Name  
**OCHLOCKONEE BAY UNITED METHODIST CHURCH, INC.**



Principal Place of Business Mailing Address  
**C/O JOHN WISHART  
PO BOX 1390  
PANACEA FL 32346** **P.O. BOX 839  
PO BOX 1390  
PANACEA FL 32346  
US**

3. Date incorporated or Qualified **05/04/1989** 3a. Date of Last Report **04/19/1995**  
4. FEI Number **59-2158195** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **Surf Road** 26 **P.O. Box 839**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Panacea, Fl** 27 **Panacea, Fl.**  
City & State City & State  
23 **32346** 28 **32346**  
Zip Country Zip Country  
24 **Wakulla** 29 **Wakulla**  
25 30

9. Name and Address of Current Registered Agent  
**WISHART, JOHN  
INTERSECTION OF SURF RD. & TIDE CREEK RD.  
PANACEA FL 32346**

10. Name and Address of New Registered Agent  
81 Name **Max Thornton**  
82 Street Address (P.O. Box Number Is Not Acceptable) **Chattahoochee St**  
83  
84 City **Panacea, FL** 85 Zip Code **32346**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *Max Thornton* DATE: **1-18-96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHEPARD, MARVIN</b>	1.2 NAME	<b>600001700296</b>
STREET ADDRESS	<b>P. O. BOX 3257 N/A</b>	1.3 STREET ADDRESS	<b>-01/29/96--01056--011</b>
CITY-ST-ZIP	<b>PANACEA FL</b>	1.4 CITY-ST-ZIP	<b>*****61.25 *****61.25</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Secretary &amp; Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ANDERSON, ROBERT</b>	2.2 NAME	<b>Norma Kirby</b>
STREET ADDRESS	<b>P. O. BOX 3287 N/A</b>	2.3 STREET ADDRESS	<b>Rt 1 Box 3165</b>
CITY-ST-ZIP	<b>PANACEA FL</b>	2.4 CITY-ST-ZIP	<b>Panacea, Fl 32346</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WISHART, JOHN</b>	3.2 NAME	
STREET ADDRESS	<b>P. O. BOX 1390 N/A</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PANACEA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WISHART, MARGUERITE</b>	4.2 NAME	<b>Max Thornton</b>
STREET ADDRESS	<b>P. O. BOX 1390 N/A</b>	4.3 STREET ADDRESS	<b>P.O. Box 602 N/A</b>
CITY-ST-ZIP	<b>PANACEA FL</b>	4.4 CITY-ST-ZIP	<b>Panacea, Fl. 32346</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BRIMBERRY, KATE</b>	5.2 NAME	<b>Edward Lane</b>
STREET ADDRESS	<b>P. O. BOX 421 N/A</b>	5.3 STREET ADDRESS	<b>P.O. Box 839</b>
CITY-ST-ZIP	<b>PANACEA FL</b>	5.4 CITY-ST-ZIP	<b>Panacea, FL. 32346</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Fred Donaldson</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>76 Bay Drive</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Panacea, Fl. 32346</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Fred Donaldson** *Fred Donaldson* President **904 984 5469**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)