

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32091

Entity Name: OCHLOCKONEE BAY UNITED METHODIST CHURCH, INC.**Current Principal Place of Business:**2780 SURF ROAD
OCHLOCKNEE BAY, FL 32346**Current Mailing Address:**P.O. BOX 839
PANACEA, FL 32346 US**FEI Number:** 59-2158195**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HALL, ELIZABETH A
541 MASHES SANDS RD.
OCHLOCKONEE BAY, FL 32346 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title D
Name JOINER, JACK
Address 2289 SURF ROAD
City-State-Zip: PANACEA FL 32346Title D
Name KING, ANITA
Address 445 MASHES SANDS RD
City-State-Zip: PANACEA FL 32346Title D
Name WYANT, CRAIG
Address 88 WAKULLA CIRCLE
City-State-Zip: OCHLOCKONEE BAY FL 32346Title CHAIRMAN
Name MOODY, LARRY D
Address 99 MONOCOUPÉ CIRCLE
City-State-Zip: PANACEA FL 32346Title D
Name TURK, QUILL
Address PO BOX 459
City-State-Zip: PANACEA FL 32346Title D
Name KIRBY, NORMA
Address 117 MONOCOUPÉ CIRCLE
City-State-Zip: OCHLOCKONEE BAY FL 32346Title D
Name HALL, HARVEY H
Address 541 MASHES SANDS RD
City-State-Zip: PANACEA 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: HARVEY H. HALL**OFFICER****01/10/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date