

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32091

**FILED**  
**Jan 17, 2018**  
**Secretary of State**  
**CC8136701019**

**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 TURK, QUILL  
Address 9 ALISON AVENUE  
City-State-Zip: PANACEA FL 32346

Title D  
Name KORCE, BLADON  
Address 1487 ALLIGATOR DRIVE  
City-State-Zip: ALLIGATOR POINT FL 32346

Title D  
Name GIBBS, GRADY  
Address 129 LEVY BAY ROAD  
City-State-Zip: OCHLOCKONEE BAY FL 32346

Title CHAIRMAN  
Name GANDY, SALLY  
Address 51 POMPANO DRIVE  
City-State-Zip: PANACEA FL 32346

Title D  
Name QUINTON, JOHN S  
Address 82 PERSIMMON ST  
City-State-Zip: SOPCHOPPY FL 32358

*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:** SALLY GANDY

**OFFICER**

**01/17/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date