2780 SURF RC	ncipal Place of Business: DAD EBAY, FL 32346			
Current Ma	iling Address:			
P.O. BOX 8 PANACEA,	39 FL 32346 US			
FEI Number: 59-2158195		Certificate of Status Desired: No		
Name and A	Address of Current Registered Agent:			
FLEMING, JOH 96 SILVER AC OCHLOCKONI				
The above name	d entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Flo	rida.
		stered office or regis	tered agent, or both, in the State of Flo	<sup>rida.</sup> 02/16/2019
	d entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Flo	
SIGNATURI	d entity submits this statement for the purpose of changing its regi E: JOHN S FLEMING	stered office or regis	tered agent, or both, in the State of Flo	02/16/2019
SIGNATURI	d entity submits this statement for the purpose of changing its regi E: JOHN S FLEMING Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of Flo	02/16/2019
SIGNATURI Officer/Dire	d entity submits this statement for the purpose of changing its regises: JOHN S FLEMING Electronic Signature of Registered Agent ctor Detail :			02/16/2019
SIGNATURI Officer/Dire	d entity submits this statement for the purpose of changing its regises JOHN S FLEMING Electronic Signature of Registered Agent ctor Detail : D	Title	D	02/16/2019
SIGNATURI Officer/Dire Title Name	d entity submits this statement for the purpose of changing its regises JOHN S FLEMING Electronic Signature of Registered Agent <b>ctor Detail :</b> D FLEMING, JOHN STEWART 96 SILVER ACRES DRIVE	Title Name	D KORST, BLADON	02/16/2019
SIGNATURI Officer/Dire Title Name Address	d entity submits this statement for the purpose of changing its regises JOHN S FLEMING Electronic Signature of Registered Agent <b>ctor Detail :</b> D FLEMING, JOHN STEWART 96 SILVER ACRES DRIVE	Title Name Address	D KORST, BLADON 1487 ALLIGATOR DRIVE	02/16/2019
SIGNATURI Officer/Dire Title Name Address City-State-Zip:	d entity submits this statement for the purpose of changing its regises E: JOHN S FLEMING Electronic Signature of Registered Agent ctor Detail : D FLEMING, JOHN STEWART 96 SILVER ACRES DRIVE OCHLOCKONEE BAY FL 32346	Title Name Address City-State-Zip:	D KORST, BLADON 1487 ALLIGATOR DRIVE ALLIGATOR POINT FL 32346	02/16/2019
SIGNATURI Officer/Dire Title Name Address City-State-Zip: Title	d entity submits this statement for the purpose of changing its regises: JOHN S FLEMING Electronic Signature of Registered Agent <b>ctor Detail :</b> D FLEMING, JOHN STEWART 96 SILVER ACRES DRIVE OCHLOCKONEE BAY FL 32346 D	Title Name Address City-State-Zip: Title	D KORST, BLADON 1487 ALLIGATOR DRIVE ALLIGATOR POINT FL 32346 D	02/16/2019

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: JOHN S FLEMING

DIRECTOR

02/16/2019

Electronic Signature of Signing Officer/Director Detail

## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N32091

## Entity Name: OCHLOCKONEE BAY UNITED METHODIST CHURCH, INC.

## Current Principal Place of Business:

FILED Feb 16, 2019 Secretary of State 4494739377CC

Date