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Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N32091 (3)

1. Corporation Name
OCHLOCKONEE BAY UNITED METHODIST CHURCH, INC.



Principal Place of Business SURF ROAD PANACEA FL 32346	Mailing Address P.O. BOX 839 PANACEA FL 32346-0839 US
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3. Date Incorporated or Qualified 05/04/1989	3a. Date of Last Report 01/23/1996
4. FEI Number 59-2158195	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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9. Name and Address of Current Registered Agent THORNTON, MAX CHATTAHOOCHEE STREET PANACEA FL 32346	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE SHEPARD, MARVIN P. O. BOX 3257 N/A PANACEA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> DELETE ANDERSON, ROBERT P. O. BOX 3287 N/A PANACEA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE WISHART, JOHN P. O. BOX 1390 N/A PANACEA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE THORNTON, MAX P.O. BOX 802 N/A PANACEA FL 32346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE LANE, EDWARD P.O. BOX 839 N/A PANACEA FL 32346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> DELETE DONALDSON, FRED 76 BAY DRIVE PANACEA FL 32346

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BURTON POOLE
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BURTON POOLE 76 BLUE CRAB LANE PANACEA, FL 32346
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I 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 in an attachment, with my address.

SIGNATURE: **FRED DONALDSON** *Fred H Donaldson* **1-5-96** **904 9845469**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000074

CR2E037 (9/96)