


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 US
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3. Date Incorporated or Qualified
05/04/1989

4. FEI Number
59-2158195

Applied For	Not Applicable
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2. Principal Place of Business
 21
 Suite, Apt. #, etc.

2a. Mailing Address
 26
 Suite, Apt. #, etc.

23
 City & State

24
 Zip

25
 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 **FL** 85 Zip Code

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 _____ DATE _____
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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPARD, MARVIN	1.2 NAME	
STREET ADDRESS	P. O. BOX 3257 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANACEA FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURTON POOLE	2.2 NAME	
STREET ADDRESS	76 BLUE CRAB LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANACEA FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISHART, JOHN	3.2 NAME	
STREET ADDRESS	P. O. BOX 1390 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANACEA FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNTON, MAX	4.2 NAME	
STREET ADDRESS	P.O. BOX 602 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	PANACEA FL 32346	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, EDWARD	5.2 NAME	
STREET ADDRESS	P.O. BOX 839 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	PANACEA FL 32346	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALDSON, FRED	6.2 NAME	
STREET ADDRESS	76 BAY DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PANACEA FL 32346	6.4 CITY-ST-ZIP	

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

SIGNATURE: *Fred W. Donaldson* **1/5/98** **850-984-5469**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)