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Secretary of State

02-22-1999 90020 042 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



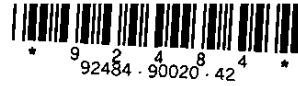
FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N32091

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/04/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2158195	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
Country		Country		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THORNTON, MAX CHATTAHOOCHEE STREET PANACEA FL 32346				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEPARD, MARVIN		1.2 NAME	Norma Kirby	
STREET ADDRESS	P. O. BOX 3257 N/A		1.3 STREET ADDRESS	117 Monocoupe Circle	
CITY-ST-ZIP	PANACEA FL		1.4 CITY-ST-ZIP	Panacea, FL: 32346	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURTON POOLE		2.2 NAME	Ralph Emerson	
STREET ADDRESS	76 BLUE CRAB LANE		2.3 STREET ADDRESS	184 Mashess Sands Rd.	
CITY-ST-ZIP	PANACEA FL		2.4 CITY-ST-ZIP	Panacea, FL. 32346	
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WISHART, JOHN		3.2 NAME	Jesse Davis	
STREET ADDRESS	P. O. BOX 1390 N/A		3.3 STREET ADDRESS	115 Mashess Sands Rd.	
CITY-ST-ZIP	PANACEA FL		3.4 CITY-ST-ZIP	Panacea, FL. 32346	
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 checked="" 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 checked="" 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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED *Marvin L. Shepard* 1-5-99 850 9845800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)