

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90095 008 ****61.25

DOCUMENT # N32091

1. Entity Name

OCHLOCKONEE BAY UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

**SURF ROAD
 PANACEA FL 32346**

**P.O. BOX 839
 PANACEA FL 32346-0839
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2158195

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THORNTON, MAX
 CHATTAHOOCHEE STREET
 PANACEA FL 32346**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **P SHEPARD, MARVIN**
 STREET ADDRESS **P. O. BOX 3257 N/A**
 CITY-ST-ZIP **PANACEA FL**

TITLE Change Addition
 NAME **D Carisle Byrd**
 STREET ADDRESS **4436 Meandering Way, 303AG**
 CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE Delete
 NAME **D BURTON POOLE**
 STREET ADDRESS **76 BLUE CRAB LANE**
 CITY-ST-ZIP **PANACEA FL**

TITLE Change Addition
 NAME **D Harvey Hall**
 STREET ADDRESS **541 Mashas Sands Rd.**
 CITY-ST-ZIP **Ochlockonee Bay, FL 32346**

TITLE Delete
 NAME **D KIRBY, NORMA**
 STREET ADDRESS **117 MONOCOUCPE CIRCLE**
 CITY-ST-ZIP **PANACEA FL 32346**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D THORNTON, MAX**
 STREET ADDRESS **P.O. BOX 602 N/A**
 CITY-ST-ZIP **PANACEA FL 32346**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D EMERSON, RALPH**
 STREET ADDRESS **184 MASHES SANDS RD.**
 CITY-ST-ZIP **PANACEA FL 32346**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D DAVIS, JESSE**
 STREET ADDRESS **115 MASHES SANDS RD.**
 CITY-ST-ZIP **PANACEA FL 32346**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

1/13/00

9845800
 913
 Date Daytime Phone #

CR2E037 (9/99)

803843



DO NOT WRITE IN THIS SPACE