

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90153 012 \*\*\*\*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  
 US**

2. Principal Place of Business

3. Mailing Address

**2780 Surf Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Ochlockonee Bay, FL**

City & State

4. FEI Number

**59-2158195**

Applied For

Not Applicable

Zip

Country

**32346**

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

**Norma Kirby**

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

**117 Monocoupe Circle**

City

**Ochlockonee Bay**

**FL**

Zip Code

**32346**

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **BYRD, CARISLE**  
 STREET ADDRESS **4436 MEANDERING WAY, 303AG**  
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **P**  Change  Addition  
 NAME **Byrd, Carlisle**  
 STREET ADDRESS **4436 Meandering Way, 303AG**  
 CITY-ST-ZIP **Tallahassee, Fl. 32308**

TITLE **D**  Delete  
 NAME **HALL, HARVEY**  
 STREET ADDRESS **541 MASHES SANDS RD**  
 CITY-ST-ZIP **OCHLOCKONEE BAY FL 32346**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE **D**  Change  Addition  
 NAME **Donaldson, Fred**  
 STREET ADDRESS **76 Bay Dr**  
 CITY-ST-ZIP **Ochlockonee Bay, FL 32346**

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

TITLE **D**  Change  Addition  
 NAME **Kirby, Norma**  
 STREET ADDRESS **117 Monocoupe Circle**  
 CITY-ST-ZIP **Ochlockonee Bay, FL 32346**

TITLE **D**  Delete  
 NAME **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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-22-2001 850-656-7565**

Date

Daytime Phone #

CR2E037 (10/00)