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FILED
Feb 02 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 # **761400** (1)

1. Corporation Name

GULF BREEZE UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

75 FAIRPOINT DRIVE
GULF BREEZE FL 32561
US

75 FAIRPOINT DRIVE
GULF BREEZE FL 32561
US

3. Date Incorporated or Qualified

01/08/1982

4. FEI Number

59-0882915

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

**BROWN, GERALD
30 SOUTH PALAFOX ST
PENSACOLA FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SANDFORT, PHILLIP L
STREET ADDRESS 4623 SOUNDSIDE DRIVE
CITY-ST-ZIP GULF BREEZE FL ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME WINDLEY, JULIA B
STREET ADDRESS 8 NORTH SUNSET BLVD
CITY-ST-ZIP GULF BREEZE FL ☒ DELETE

2.1 TITLE V/Tr
2.2 NAME Barry Brubaker
2.3 STREET ADDRESS 900 Fort Pickens Road, #214
2.4 CITY-ST-ZIP Pensacola Beach, FL 32561 ☐ Change ☒ Addition

TITLE SD
NAME CONNIE FIELD
STREET ADDRESS 326 N SUNSET BLVD
CITY-ST-ZIP GULF BREEZE FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME BURELL, BETTY T.
STREET ADDRESS 1029 CORONADO AVE.
CITY-ST-ZIP GULF BREEZE FL ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

Phillip L. Sandfort

Phillip L. Sandfort

1/19/98

932-3594

CR2E037 (10/97)