## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 761400**

1. Entity Name

## GULF BREEZE UNITED METHODIST CHURCH, INC.

Principal Place of Business Mai			Mailing Address							
/ A		75 FAIRPOINT DRIVE GULF BREEZE FL 32561 US								
					1 1140		<b>18</b> 11 818 11 81		ili eleki keel	
2. Principal Place of Business 3. Ma			3. Mailing Address							
Suite, Apt. #, etc.			ite, Apt. #, etc.		<del></del>	DO NOT WRIT	E IN THIS	COACE		
			The second secon				E IIV I I III I			
City & State Ci			ty & State		4. FEI Nun			At	oplied For	
Zip	Country	Zij	<u> </u>	Country				\$8.75 Ad	ot Applicable	
				,	5. Certifica	ite of Status Desired	X	Fee Require	ditional ed	
6. Name and Address of Current Registered Agent					7. Name a	nd Address of New R	egistered	Agent		
				Name						
BROWN, GERALD				Street	Address (P.O. Box Nun	ss (P.O. Box Number is Not Acceptable)				
	I PALAFOX ST									
PENSACO	LA FL									
				City		FL Zig			е	
8. The above named entity submits this statement for the purpose of changing its reg					or registered agent, or h					
21 1110 00010	Thattied entity submits tills st	atement for the porp	ose of changing its	egistered office	or registered agent, or t	ooth, in the state of Floi	ida.			
	•									
SIGNATURE										
	Signature, typed or printed name of reg	gistered agent and title if app	licable. (NOTE:	: Registered Agent sign:	ature required when reinstating)		DATE		<del></del>	
					· · · · · · · · · · · · · · · · · · ·					
FILE NOW: FEE IS \$61.25			9. Election Cam			\$5.00 May Be Make Check Payable to				
			Trust Fund Co	ontribution.	Added to Fee	es Do	epartme	ent of State	)	
10.	· OFFICER	S AND DIRECTORS		11.	ADDITIONS/C	HANGES TO OFFICER	O DIA S	IDECTODS IN	10	
TITLE	PD	57.44 <del>5</del> 5111251 6116	☐ Delete	TITLE	ADDITIONS/C	FIANGES TO OTT ICE	IS AND D	Change	Addition	
NAME	SPEER, THOMAS R		Delete	NAME				☐ Ollarige		
STREET ADDRESS	3551 LAGUNA CT			STREET ADDRESS		•				
CITY-ST-ZIP	<b>GULF BREEZE FL 32561</b>			CITY-ST-ZIP					ĺ	
TITLE	VT		Delete	TITLE	VT			Change	Addition	
NAME: -:	BARRY-BRUBAKER	ے جھیں جے جو		_NAME	ALAN BROCK			onango		
STREET ADDRESS	900 FT PICKENS RD #2	14		STREET ADDRESS	9 NORTH SUN	SET BLVD				
CITY-ST-ZIP	PENSACOLA BCH FL 32	561		CITY-ST-ZIP	GULF BREE	2E, FL 3256	1			
TITLE	SD		Delete	TITLE	SD			M Change	Addition	
NAME	CONNIE FIELD		- 🤏	NAME	MARCIA SAU	nders		<u> </u>		
STREET ADDRESS	326 N SUNSET BLVD			STREET ADDRESS	HIGS SANDY	BLUFF DRIVE	W			
CITY-ST-ZIP	GULF BREEZE FL			CITY-ST-ZIP	GULF BREE!					
TITLE	TD		Delete	TITLE	70			<b>☑</b> Change	Addition	
NAME	PETTYJOHN, JEAN			NAME	LESLIE GORD	oN		A change		
	607 SILVERTHORN RD.			STREET ADDRESS	135 SABINE	DRINE.			ĺ	
	GULE BREEZE EL 32561			CITY-ST-ZIP	DE ALCACALA C		ο.			

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:

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Change

☐ Change

☐ Addition

Addition

**FILED** 

Jul 07, 2002 8:00 am Secretary of State

07-07-2002 90065 027 \*\*\*\*70.00