

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90014 043 ****61.25

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

40105658



04212008 Di h.OQ DS3F148 J23017*

EPDVNF0U\$761400 2/ Entity Name GULF BREEZE UNITED METHODIST CHURCH, INC.		
Principal Place of Business 86!CBBCP.OUESV# HMBCSFF F!QM43672!!!!!!VT		Mailing Address 86!CBBCP.OUESV# HMBCSFF F!QM43672!!!!!!VT
3/ Principal Place of Business - No P.O. Box #		4/ Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
7/ Obn f !boe!Bees t t lpgDvss ouSf hjt u f d e!Bhf ou		8/ Obn f !boe!Bees t t lpgOf x !Sf hjt u f d e!Bhf ou
BROWN, GERALD 30 SOUTH SPRING ST PENSACOLA, FL 32501		Name Street Address (P.O. Box Number is Not Acceptable) City
9/ 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. I am familiar with, and accept the obligations of registered agent.		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
SIGNATURE _____		5/ FEI Number 59-0882915
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)		6/ Certificate of Status Desired <input type="checkbox"/> %8/86 Beejppbm G f !Sf rvj s e
Filing Fee is \$61.25 Due by May 1, 2008		1/ Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> %6/11 NbziCf ! Beef elup!Cf t
Make check payable to Florida Department of State		
21/ OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> Delete
NAME	BROWN, LEE	
STREET ADDRESS	1083 TIGER TRACE BOULEVARD	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	HORTON, GUY	
STREET ADDRESS	POST OFFICE BOX 292	
CITY-ST-ZIP	GULF BREEZE, FL 32562	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FIVEASH, JACK	
STREET ADDRESS	84 HIGHPOINTE DRIVE	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WEANT, DON	
STREET ADDRESS	1437 PLAYERS CLUB CIR	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE	ADM	<input checked="" type="checkbox"/> Delete
NAME	ESRY, JAMES	
STREET ADDRESS	2745 SUMMERTREE LANE	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
22/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cleveland, Dave	
STREET ADDRESS	495 James River Road	
CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADM	
STREET ADDRESS	Reid, Paula Drive	
CITY-ST-ZIP	14 Highpoint Drive Gulf Breeze, FL 32561	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
23/ I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.		
T.HOBUSF: <u>Paula L Reid</u>		Date: <u>4/30/08</u>
T.HOBUSF!BOE!RQFE!P!S!Q!S!D!E!OEN!F!P!G!T!H!O!D!H!P!G!D!F!S!P!S!E!G!D!U!P!S		Daytime Phone #: <u>8509323594</u>