

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004148

FILED  
Mar 16, 2009  
Secretary of State

**Entity Name:** PENSACOLA UNITED METHODIST COMMUNITY MINISTRIES, INC.

**Current Principal Place of Business:**

2600 W. STRONG ST.  
PENSACOLA, FL 32505

**New Principal Place of Business:**

**Current Mailing Address:**

2600 W. STRONG ST.  
PENSACOLA, FL 32505

**New Mailing Address:**

FEI Number: 61-1523951      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MULLEN, JOSEPH T REV  
2600 W. STRONG ST.  
PENSACOLA, FL 32505      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SEALE, LARRY  
Address: 8167 STILLWATER COVE  
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete  
Name: ABRAMS, LYDIA  
Address: 5464 LIMESTONE DR.  
City-St-Zip: PENSACOLA, FL 32514

Title: D ( ) Delete  
Name: CORCORAN, BETTYE  
Address: 151 KEVIN DR.  
City-St-Zip: GULF BREEZE, FL 32561

Title: T ( ) Delete  
Name: MADDOX, BEVERLY  
Address: 34171 NIMS FORK RD.  
City-St-Zip: ROBERTSDALE, AL 36567

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH T. MULLEN

Electronic Signature of Signing Officer or Director

REV

03/16/2009

\_\_\_\_\_ Date