

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 PM 3:30

DOCUMENT # N36592 (6)

1. Corporation Name
GADSDEN STREET UNITED METHODIST CHURCH, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/07/1990	3a. Date of Last Report 02/15/1994
4. FEI Number 59-0760208	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business		Mailing Address	
% JEAN CARTER-DRISKELL 901 E GADSDEN ST PENSACOLA FL 32501-4073		% JEAN CARTER-DRISKELL 901 E GADSDEN ST PENSACOLA FL 32501-4073	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23	28		
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

DRISKELL, JEAN CARTER
901 E GADSDEN ST
PENSACOLA FL

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ED GOTHARD
STREET ADDRESS	45 COLLINGSWORTH ROAD
CITY-ST-ZIP	PENSACOLA FL 32514
TITLE	VD
NAME	FRANK, SLUSSER J
STREET ADDRESS	5821 SANDVIEW DR
CITY-ST-ZIP	PENSACOLA FL 32507
TITLE	SD
NAME	MYERS, PATSY
STREET ADDRESS	3555 MAI KAI DR
CITY-ST-ZIP	PENSACOLA FL
TITLE	T
NAME	BARRY, ROBERT
STREET ADDRESS	1905 N 13TH AVE
CITY-ST-ZIP	PENSACOLA FL
TITLE	D
NAME	TAFFE, OWEN
STREET ADDRESS	7108 TIPPEN AVENUE
CITY-ST-ZIP	PENSACOLA FL
TITLE	D
NAME	DENNISON, FAYETTE
STREET ADDRESS	1921 SEVILLE DR
CITY-ST-ZIP	PENSACOLA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mr. Russell Maxwell	
1.3 STREET ADDRESS	2131 Lansing Drive	
1.4 CITY-ST-ZIP	Pensacola, FL 32504	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mr. William Terry	
2.3 STREET ADDRESS	380 Clematis Drive	
2.4 CITY-ST-ZIP	Pensacola, FL 32503	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mrs. Margaret Nellums	
3.3 STREET ADDRESS	1004 North 19th Avenue	
3.4 CITY-ST-ZIP	Pensacola, FL 32501	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(h), 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: _____ Date: March 16, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR