

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N36592** (6)
1. Corporation Name
GADSDEN STREET UNITED METHODIST CHURCH, INC.



Principal Place of Business: % JEAN CARTER-DRISKELL, 901 E GADSDEN ST, PENSACOLA FL 32501-4073
Mailing Address: % JEAN CARTER-DRISKELL, 901 E GADSDEN ST, PENSACOLA FL 32501-4073

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/07/1990	3a. Date of Last Report 03/22/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0760208	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DRISKELL, JEAN CARTER 901 E GADSDEN ST PENSACOLA FL				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: *Jean Carter Driskell* (NOTE: Registered Agent signature required when reinstating) DATE: **3-6-96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MAXWELL, RUSSELL M		12 NAME				
STREET ADDRESS	2131 LANSING DRIVE		13 STREET ADDRESS				
CITY-ST-ZIP	PENSACOLA FL		14 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	TERRY, WILLIAM		22 NAME				
STREET ADDRESS	380 CLEMATIS DRIVE		23 STREET ADDRESS				
CITY-ST-ZIP	PENSACOLA FL		24 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	NELLUMS, MARGARET		32 NAME				
STREET ADDRESS	1004 NORTH 19TH AVENUE		33 STREET ADDRESS				
CITY-ST-ZIP	PENSACOLA FL		34 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BARRY, ROBERT		42 NAME				
STREET ADDRESS	1905 N 13TH AVE		43 STREET ADDRESS				
CITY-ST-ZIP	PENSACOLA FL		44 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	TAFFE, OWEN		52 NAME				
STREET ADDRESS	7106 TIPPEN AVENUE		53 STREET ADDRESS				
CITY-ST-ZIP	PENSACOLA FL		54 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	DENNISON, FAYETTE		62 NAME				
STREET ADDRESS	1921 SEVILLE DR		63 STREET ADDRESS				
CITY-ST-ZIP	PENSACOLA FL		64 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 119.07(3)(k), 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: *Russell M Maxwell* DATE: **3/6/96** 1-904-433-0014 Daytime Phone #

CR2E037 (12/95)