

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 17 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N36592 (6)**

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



Principal Place of Business <b>% JEAN CARTER-DRISKELL 901 E GADSDEN ST PENSACOLA FL 32501-4073</b>	Mailing Address <b>% JEAN CARTER-DRISKELL 901 E GADSDEN ST PENSACOLA FL 32501-4073</b>
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3. Date Incorporated or Qualified <b>02/07/1990</b>	3a. Date of Last Report <b>03/12/1996</b>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number <b>59-0760208</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. 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

**DRISKELL, JEAN CARTER  
901 E GADSDEN ST  
PENSACOLA FL**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MAXWELL, RUSSELL M</b>	
STREET ADDRESS	<b>2131 LANSING DRIVE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROTHCHILD, RANDY</b>	
STREET ADDRESS	<b>2287 GREENBRIAR BLVDD.</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32514</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>NELLUMS, MARGARET</b>	
STREET ADDRESS	<b>1004 NORTH 19TH AVENUE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>BARRY, ROBERT</b>	
STREET ADDRESS	<b>1905 N 13TH AVE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KINGRY, J. B</b>	
STREET ADDRESS	<b>21 ESCALONA ST.</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32503</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FAGERSTROM, JOHN</b>	
STREET ADDRESS	<b>2500 PARADISE POINT DR.</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32503</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Randall Lee Rothchild</b>	
1.3 STREET ADDRESS	<b>2287 Greenbriar Blvd.</b>	
1.4 CITY-ST-ZIP	<b>Pensacola, Florida 32514</b>	
2.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Olen Giles</b>	
2.3 STREET ADDRESS	<b>2200 North 61st Avenue</b>	
2.4 CITY-ST-ZIP	<b>Pensacola, Florida 32506</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)

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