

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90077 048 ****61.25



DOCUMENT # N36592

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

Principal Place of Business Mailing Address
C/O GADSDEN ST UNITED METHODIST CHURCH **901 E GADSDEN ST**
901 E GADSDEN ST **PENSACOLA FL 32501-4073**
PENSACOLA FL 32501-4073

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number **59-0760208** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
DRISKELL, JEAN CARTER
901 E GADSDEN ST
PENSACOLA FL

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	WILLIAMS, SANDY	
STREET ADDRESS	5056 POTOMAC DRIVE	
CITY-ST-ZIP	PACE FL 32571	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILSON, BOBBY	
STREET ADDRESS	1605 KINSALE DRIVE	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERDS, RALPH	
STREET ADDRESS	1236 DUNMIRE	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WESTRAY, HUGH	
STREET ADDRESS	400 E 15TH AVE	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CROSBY, EDITH	
STREET ADDRESS	3003 EAST GADSDEN STREET	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAFFE, OWEN	
STREET ADDRESS	7106 TIPPEN AVENUE	
CITY-ST-ZIP	PENSACOLA FL 32504	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lott, Guy	
STREET ADDRESS	504 Silverthorn Road	
CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eleanor Grace	
STREET ADDRESS	3250 Robinson Point Road	
CITY-ST-ZIP	Milton, FL 32583	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin Rice	
STREET ADDRESS	2616 Green Bay Avenue	
CITY-ST-ZIP	Pensacola, FL 32506	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ralph Roberds	
STREET ADDRESS	1236 Sunmire	
CITY-ST-ZIP	Pensacola, FL 32504	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Viverette	
STREET ADDRESS	3780 Piedmont Drive	
CITY-ST-ZIP	Pensacola, FL 32503	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Smith	
STREET ADDRESS	524 Parker Drive	
CITY-ST-ZIP	Pensacola, FL 32504	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE: *NSIDN TUFFE RE Carter Driskell* Date: *1-29-03* Daytime Phone #: *850-433-0014*

CR2E037 (10/02)