

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90034 039 \*\*\*\*61.25

**DOCUMENT # N05000006557**

1. Entity Name  
**WESLEY UNITED METHODIST CHURCH OF  
GAINESVILLE, INCORPORATED**



Principal Place of Business  
**826 NW 23RD AVENUE  
GAINESVILLE, FL 32609**

Mailing Address  
**826 NW 23RD AVENUE  
GAINESVILLE, FL 32609**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02052008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1474155**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MANASCO, RAYMOND O  
2071 NW 21ST LANE  
GAINESVILLE, FL 32605-3964**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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	P/D	<input checked="" type="checkbox"/> Delete
NAME	BROWNING, MARILYN	
STREET ADDRESS	3954 NW 41ST CT.	
CITY-ST-ZIP	GAINESVILLE, FL 326064557	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HALES, ALVIS L	
STREET ADDRESS	3135 NW 54 AVENUE	
CITY-ST-ZIP	GAINESVILLE, FL 32653	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, RALPH	
STREET ADDRESS	2835 NW 41ST PL	
CITY-ST-ZIP	GAINESVILLE, FL 326051545	
TITLE	S/D	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, HELEN	
STREET ADDRESS	8620 NW 13TH ST LOT 40	
CITY-ST-ZIP	GAINESVILLE, FL 326537903	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROHAN, ROBERT J	
STREET ADDRESS	412 NE 16 AVE #110	
CITY-ST-ZIP	GAINESVILLE, FL 32601	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WELSH, DORIS	
STREET ADDRESS	9620 NW 13TH ST. LOT #260	
CITY-ST-ZIP	GAINESVILLE, FL 326537951	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARREN GIBBS	
STREET ADDRESS	1610 NW 24TH ST	
CITY-ST-ZIP	GAINESVILLE FL 32605-3842	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RONALD CASE	
STREET ADDRESS	1917 NW 102ND PL	
CITY-ST-ZIP	GAINESVILLE FL 32653-0972	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5128 NW 80TH RD	
STREET ADDRESS	GAINESVILLE FL 32653-5134	
CITY-ST-ZIP		
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA PICKRELL	
STREET ADDRESS	2519 NW 4TH TERR	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAY FRAZIER	
STREET ADDRESS	3021 NW 24TH TERR	
CITY-ST-ZIP	GAINESVILLE FL 32605-2878	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** SHARREN L. GIBBS Sharon L. Gibbs

2/11/08

352-377-8834

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #