

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000004148

**FILED**  
**Jan 07, 2018**  
**Secretary of State**  
**CC0095754270**

**Entity Name:** PENSACOLA UNITED METHODIST COMMUNITY MINISTRIES, INC.

**Current Principal Place of Business:**

2600 W. STRONG ST.  
PENSACOLA, FL 32505

**Current Mailing Address:**

2600 W. STRONG ST.  
PENSACOLA, FL 32505

**FEI Number: 61-1523951**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

NOBLE, ROBIN C. REV.  
2600 W. STRONG ST.  
PENSACOLA, FL 32505 US

*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.*

**SIGNATURE: ROBIN C. NOBLE**

**01/07/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name ROBERTS, HENRY E. DR.  
Address 424 RUE DE ROCHEBLAVE  
City-State-Zip: PENSACOLA FL 32507

Title OFFICER  
Name MCCLEOD , DENISE  
Address 8521 FOREST RIDGE DRIVE  
City-State-Zip: PENSACOLA FL 32526

Title SECRETARY  
Name THREADGILL, LINDA  
Address 14790 INNERARITY POINT ROAD  
City-State-Zip: PENSACOLA FL 32507

Title EXECUTIVE DIRECTOR  
Name NOBLE, ROBIN C.  
Address 2600 W. STRONG ST.  
City-State-Zip: PENSACOLA FL 32505

Title OFFICER  
Name SANDERS, ROBERT HADLEY ESQ.  
Address 641 DYE STREET  
City-State-Zip: PENSACOLA FL 32534

Title TREASURER  
Name VEASLEY, JOHN DR.  
Address 1705 TONI STREET  
City-State-Zip: PENSACOLA FL 32504

Title OFFICER  
Name MAYGARDEN, JERRY  
Address 8841 SPIDER LILY WAY  
City-State-Zip: PENSACOLA FL 32526

Title OFFICER  
Name MOSER, MIKE  
Address 9 HILLBROOK WAY  
City-State-Zip: PENSACOLA FL 32503

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBIN NOBLE**

**EXECUTIVE DIRECTOR**

**01/07/2018**

Electronic Signature of Signing Officer/Director Detail

Date