

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004148

FILED
Jan 09, 2024
Secretary of State
2004730790CC

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

01/09/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT	Title	EXECUTIVE DIRECTOR
Name	LA BRANCHE, MARK REV. DR.	Name	NOBLE, ROBIN C.
Address	215 PERRY AVE	Address	2600 W. STRONG ST.
City-State-Zip:	PENSACOLA FL 32503	City-State-Zip:	PENSACOLA FL 32505

Title	SECRETARY	Title	TREASURER
Name	ROBINSON, MYKEL	Name	COOK, GEOFF
Address	6024 KASSANDRA LANE	Address	3531 FIRESTONE BLVD
City-State-Zip:	GULF BREEZE FL 32563	City-State-Zip:	PENSACOLA FL 32503

Title	OFFICER	Title	OFFICER
Name	MOSER, MIKE	Name	BROWN, ASHLEE REV
Address	9 HILLBROOK WAY	Address	75 FAIRPOINT DR.
City-State-Zip:	PENSACOLA FL 32503	City-State-Zip:	GULF BREEZE FL 32561

Title	OFFICER	Title	VP
Name	PETERS, JERRY	Name	DAVIS, MARCEL
Address	2330 AEGEAN TERRACE	Address	920 W. GOVERNMENT ST
City-State-Zip:	PENSACOLA FL 32507	City-State-Zip:	PENSACOLA FL 32502

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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

01/09/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OFFICER
Name SHELTON, GERALD
Address 6072 SUNNYRIGE DR.
City-State-Zip: MILTON FL 32570

Title OFFICER
Name SHARRON, TOM DR.
Address PO BOX 973
City-State-Zip: GULF BREEZE FL 32562

Title OFFICER
Name HOCKENBERRY, MISSY
Address 13660 INNERARITY POINT ROAD
City-State-Zip: PENSACOLA FL 32507

Title OFFICER
Name LOCKHART, RALPH
Address 5701 LANGLEY COURT
City-State-Zip: PENSACOLA FL 32504