

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000007932

**FILED**  
**Jan 27, 2023**  
**Secretary of State**  
**5777024058CC**

**Entity Name:** THE SAINT PAUL UNITED METHODIST CHURCH PENSACOLA, INC.

**Current Principal Place of Business:**

2690 W. BAARS STREET  
PENSACOLA, FL 32505

**Current Mailing Address:**

2690 W. BAARS STREET  
PENSACOLA, FL 32505

**FEI Number: 59-2406926**

**Certificate of Status Desired: Yes**

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

JOHNSON, DARRYL  
6301 IRONGATE COURT  
PENSACOLA, FL 32504 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:** DARRYL JOHNSON

01/27/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ADMINISTRATIVE CHAIR  
Name SHADE, KEYANTHONY  
Address 5804 ROBLE LOMA DR  
City-State-Zip: PENSACOLA FL 32526

Title PPR CHAIR  
Name JONES, CARLA  
Address 290 TREE SWALLOW DRIVE  
City-State-Zip: PENSACOLA FL 32503

Title TRUSTEE CHAIR  
Name HARRIS, JONATHAN  
Address 113 SAVANNAH ST  
City-State-Zip: PENSACOLA FL 32503

Title TRUSTEE  
Name DAVIS, KENNETH M  
Address 5864 HUNTINGTON CREEK BLVD  
City-State-Zip: PENSACOLA FL 32526

Title LAY LEADER  
Name JOHNSON, DARRYL  
Address 6301 IRONGATE CT  
City-State-Zip: PENSACOLA FL 32504

Title UNITED METHODIST WOMEN CHAIR  
Name JOHNSON-SPEER, ARINETA  
Address 6301 IRONGATE CT  
City-State-Zip: PENSACOLA FL 32504

Title FINANCE CHAIR  
Name HOLLEY-CLAUSELL, ZINGER  
Address 8800 PINE FOREST RD  
1308  
City-State-Zip: PENSACOLA FL 32534

Title FINANCE SECRETARY  
Name LIVINGSTON, LINDA  
Address 3405 W MAXWELL ST  
City-State-Zip: PENSACOLA FL 32503

**Continues on page 2**

*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:** HOLLEY-CLAUSELL, ZINGER

FINANCE CHAIR

01/27/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           DAVIS, SANDRA  
Address        5864 HUNTINGTON CREEK BLVD  
City-State-Zip: PENSACOLA FL 32526-4388

Title           PASTOR  
Name           FRANKLIN, MALCOLM SR.  
Address        1058 WOODSIDE DR W  
City-State-Zip: MOBILE AL 36608