

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000007932

**FILED**  
**Jan 14, 2014**  
**Secretary of State**  
**CC2497927702**

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	PD
Name	O'BANNON, LOUISE G
Address	2157 SCHWAB COURT
City-State-Zip:	PENSACOLA FL 32504
Title	SD
Name	JONES, CARLA
Address	290 TREE SWALLOW DRIVE
City-State-Zip:	PENSACOLA FL 32503
Title	D
Name	JOHNSON, DARRYL
Address	6301 IRONGATE COURT
City-State-Zip:	PENSACOLA FL 32504

Title	VPD
Name	STOOT, CAROL
Address	3312 MARCUS DRIVE
City-State-Zip:	PENSACOLA FL 32503
Title	TD
Name	TAITE, DWIGHT
Address	5116 PINE HOLLOW DRIVE
City-State-Zip:	PENSACOLA FL 32505
Title	D
Name	COLBERT, GLEN E
Address	7357 CHIMNEY PINES DRIVE
City-State-Zip:	PENSACOLA FL 32526

*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:** LOUISE G. O'BANNON

**PRESIDENT**

**01/14/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date