

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

DOCUMENT# N93000002430

**Entity Name:** FERRY PASS UNITED METHODIST CHURCH, INC.**Current Principal Place of Business:**7300 N DAVIS HWY  
PENSACOLA, FL 32504**Current Mailing Address:**7300 N DAVIS HWY  
PENSACOLA, FL 32504**FEI Number:** 59-3282863**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MITCHELL, WILLIAM  
3289 SUMMIT BLVD  
PENSACOLA, FL 32503 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	PRESIDENT
Name	RODGERS, DOROTHY
Address	6645 TIPPIN AVE.
City-State-Zip:	PENSACOLA FL 32570

Title	DIRECTOR
Name	DUMAS, ALEX
Address	730 BOULDER CREEK DRIVE
City-State-Zip:	PENSACOLA FL 32514

Title	DIRECTOR
Name	BRUCE, MARY
Address	3845 KINGSBERRY DRIVE
City-State-Zip:	PENSACOLA FL 32504

Title	TREASURER
Name	HALL, CAROLYN
Address	810 BLOODWORTH LANE
City-State-Zip:	PENSACOLA FL 32504

Title	TRUSTEE
Name	BRUCE, JACK
Address	3845 KINGSBERRY DRIVE
City-State-Zip:	PENSACOLA FL 32504

Title	SECRETARY
Name	BEAGLES, LANA
Address	1611 LANSING DR
City-State-Zip:	PENSACOLA FL 32504

*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: MARY BRUCE****DIRECTOR****03/27/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date