

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709090 (5)

1. Corporation Name

WESLEY SOUTHERN METHODIST CHURCH OF PENSACOLA, INC.



Principal Place of Business

1801 NORTH SPRING STREET
PENSACOLA FL 32501

Mailing Address

1801 NORTH SPRING STREET
PENSACOLA FL 32501

3. Date Incorporated or Qualified
06/07/1965

3a. Date of Last Report
03/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-6174598

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDERSON, CHARLES E, SR
905 TEXAR DR
PENSACOLA FL 32503

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME FREEL SR. T.A.
STREET ADDRESS 1801 NORTH SPRING STREET
CITY-ST-ZIP PENSACOLA FL 32501

1.1 TITLE D S ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME MEACHAM, CLYDE
STREET ADDRESS 8963 PENSACOLA BLVD.
CITY-ST-ZIP PENSACOLA FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME BURROUGHS, E D
STREET ADDRESS 415 SANDS PLACE
CITY-ST-ZIP PENSACOLA, FL 00000

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME UPCHURCH, B L
STREET ADDRESS 801 W BLOUNT ST
CITY-ST-ZIP PENSACOLA, FL 00000

4.1 TITLE D T ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE D P ☐ Change ☒ Addition
5.2 NAME CHARLES E. ANDERSON, SR
5.3 STREET ADDRESS 905 TEXAR DRIVE
5.4 CITY-ST-ZIP PENSACOLA FL 32503

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE D V ☐ Change ☒ Addition
6.2 NAME GARRY L. COKER
6.3 STREET ADDRESS 1820 MORNINGSIDE DRIVE
6.4 CITY-ST-ZIP PENSACOLA FL 32503

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles E Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96 904-433-4555
Date Daytime Phone #

CR2E037 (12/95)