

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 07, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # 711012**

1. Entity Name  
**PENSACOLA DISTRICT BOARD OF METHODIST  
MISSIONS, INC.**



Principal Place of Business  
**PO BOX 2727  
PENSACOLA, FL 32503-2727 US**

Mailing Address  
**2245 MCCUTCHEN PLACE  
PENSACOLA, FL 32503 US**



01172005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>23-7178321</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**LEHMAN, DONALD A.  
2245 MCCUTCHEN PLACE  
PENSACOLA, FL 32503**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEHMAN, DONALD A. 3245 MCCUTCHEN PLACE PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD OLIVER, MAVIS RT. 11 BOX 346 PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHARP, OWEN 3161 LEESBURG SQUARE PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/07/05-80075-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DONALD A LEHMAN**

Date

**3-29-05**

Daytime Phone #

**853 438 0813**