

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90013 019 ****61.25

DOCUMENT # 734139

1. Entity Name

SAINT MATTHEW LUTHERAN CHURCH OF PENSACOLA,
FLORIDA, INC.



Principal Place of Business

7049 PENSACOLA BLVD.
PENSACOLA FL 32505-1223

Mailing Address

7049 PENSACOLA BLVD.
PENSACOLA FL 32505-1223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6473746

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BODLEY, JENNIE
7158 RAMPART WAY
PENSACOLA FL 32505

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BODLEY, JENNIE	
STREET ADDRESS	7158 RAMPART WAY	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	DPAS	<input type="checkbox"/> Delete
NAME	BROWN, JAMES P	
STREET ADDRESS	8595 UNTREINER AVENUE	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BODLEY, ARTHUR	
STREET ADDRESS	401 THORN COURT	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RUSH, TRACY	
STREET ADDRESS	8040 TOWER TERRACE DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TUBBS, MILDRED	
STREET ADDRESS	2813 LANGLEY AVENUE, #106	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	FS	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, PATRICIA	
STREET ADDRESS	4513 VERSAILLES DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32505	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elizabeth Marshall	
STREET ADDRESS	1340 Portland St	
CITY-ST-ZIP	Pensacola, FL 32534	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sondra Hill	
STREET ADDRESS	8215 Raleigh Cir	
CITY-ST-ZIP	Pensacola 32534	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alford Marshall	
STREET ADDRESS	1340 Portland St	
CITY-ST-ZIP	Pensacola, FL 32534	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rhonda Steen	
STREET ADDRESS	10413 Waterford Dr.	
CITY-ST-ZIP	Pensacola FL 32514	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Elizabeth Marshall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #