2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#755069

FILED Mar 01, 2007 Secretary of State

Entity Name: FIRST UNITED METHODIST CHURCH OF PENSACOLA, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: M. DIXON MOSELEY **6 E WRIGHT STREET** PENSACOLA, FL 325014846 **New Mailing Address: Current Mailing Address:** M. DIXON MOSELEY **6 E WRIGHT STREET** PENSACOLA, FL 325014846 FEI Number: 59-0637843 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MOSELEY, MAURICE D 6 E WRIGHT STREET PENSACOLA, FL 32501 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PCD (X) Change () Addition () Delete BABBITT, JAMES DUNLAP, DEBORAH J Name: Name: 2340 DORIAN DR Address: 624 SILVERSHORE DR Address: City-St-Zip: PENSACOLA, FL 32503 City-St-Zip: PENSACOLA, FL 32507 Title: DS () Delete Title: (X) Change () Addition ODOM, WESLEY Name: ODOM, WESLEY Name: Address: 57 W GONZALEZ ST Address: 57 W GONZALEZ ST City-St-Zip: PENSACOLA, FL 32501 City-St-Zip: PENSACOLA, FL 32501 Title: () Delete Title: () Change () Addition MOSELEY, MAURICE D Name: Name: 6 EAST WRIGHT STREET Address: Address: City-St-Zip: PENSACOLA, FL 32501 City-St-Zip: () Delete Title: Title: () Change () Addition SCHALLHORN, DAVID Name: Name: 483 TURNBERRY RD. Address: Address: City-St-Zip: CANTONMENT, FL 32533 City-St-Zip: Title: () Delete Title: () Change () Addition MILLER, MIKE Name: Name: 7563 HAYFIELD CR Address: Address: City-St-Zip: PENSACOLA, FL 32526 City-St-Zip: Title: () Delete Title: (X) Change () Addition WADE, LINDA BEALL, CHARLES Name: Name: Address: 1900 WHALEY AV Address: 3540 BAISDEN RD

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

City-St-Zip:

PENSACOLA, FL 32503

SIGNATURE: MAURICE D MOSELEY M 03/01/2007

PENSACOLA, FL 32503

City-St-Zip: