

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90036 023 ****61.25

DOCUMENT # 761400

1. Entity Name
GULF BREEZE UNITED METHODIST CHURCH, INC.



Principal Place of Business
**75 FAIRPOINT DRIVE
GULF BREEZE, FL 32561 US**

Mailing Address
**75 FAIRPOINT DRIVE
GULF BREEZE, FL 32561 US**

40060635



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04032007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-0882915

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

**BROWN, GERALD
30 SOUTH SPRING ST
PENSACOLA, FL 32501**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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 **PD** ☐ Delete
NAME **BROWN, LEE**
STREET ADDRESS **1083 TIGER TRACE BOULEVARD**
CITY - ST - ZIP **GULF BREEZE, FL 32563**

TITLE **VT** ☐ Delete
NAME **HORTON, GUY**
STREET ADDRESS **POST OFFICE BOX 292**
CITY - ST - ZIP **GULF BREEZE, FL 32562**

TITLE **SD** ☐ Delete
NAME **FIVEASH, JACK**
STREET ADDRESS **84 HIGHPOINTE DRIVE**
CITY - ST - ZIP **GULF BREEZE, FL 32561**

TITLE **TD** ☐ Delete
NAME **WEANT, DON**
STREET ADDRESS **1437 PLAYERS CLUB CIR**
CITY - ST - ZIP **GULF BREEZE, FL 32563**

TITLE **ADM** ☒ Delete
NAME **ESRY, JAMES**
STREET ADDRESS **2745 SUMMERTREE LANE**
CITY - ST - ZIP **GULF BREEZE, FL 32563**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☒ Addition
NAME **ADM**
STREET ADDRESS **Paula Reid**
CITY - ST - ZIP **14 Highpoint Dr, Gulf Breeze, FL 32561**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Paula Reid **PAULA REID**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/07 850932 3594

Date Daytime Phone #