

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761400

FILED  
Sep 14, 2009  
Secretary of State

**Entity Name:** GULF BREEZE UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business:**

75 FAIRPOINT DRIVE  
GULF BREEZE, FL 32561 US

**New Principal Place of Business:**

**Current Mailing Address:**

75 FAIRPOINT DRIVE  
GULF BREEZE, FL 32561 US

**New Mailing Address:**

**FEI Number:** 59-0882915 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

Title: PD ( ) Delete  
Name: BROWN, LEE  
Address: 1083 TIGER TRACE BOULEVARD  
City-St-Zip: GULF BREEZE, FL 32563

Title: VT ( ) Delete  
Name: CLEVELAND, DAVE  
Address: 495 JAMES RIVER ROAD  
City-St-Zip: GULF BREEZE, FL 32561

Title: SD ( ) Delete  
Name: FIVEASH, JACK  
Address: 84 HIGHPOINTE DRIVE  
City-St-Zip: GULF BREEZE, FL 32561

Title: TD ( ) Delete  
Name: WEANT, DON  
Address: 1437 PLAYERS CLUB CIR  
City-St-Zip: GULF BREEZE, FL 32563

Title: ADM ( ) Delete  
Name: REID, PAULA  
Address: 14 HIGHPOINT DRIVE  
City-St-Zip: GULF BREEZE, FL 32561

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: PAULA REID

CHUR

09/14/2009

Electronic Signature of Signing Officer or Director

Date