2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State
04-20-2005 90298 020 ****70.00

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1. Entity Name
GONZALEZ UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
2026 PAULINE STREET PENSACOLA, FL 32533	2026 PAULINE STREET PENSACOLA, FL 32533

04032005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
2026 Pauline St.	P.O. Box 38
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cantonment, FL	City & State: GONZALEZ, FL
Zip: 32533 Country: USA	Zip: 32560 Country: USA

4. FEI Number: 59-1174432 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REEVES, JAMES J.
730 BAYFRONT PARKWAY, STE. 4B
PENSACOLA, FL 32514

7. Name and Address of New Registered Agent

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, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JOHNSON, ALLISON 1870 W. TEN MILE RD. CANTONMENT, FL 32533	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Lott, Teresa 11558 Dueling Oaks Ct. Pensacola, FL 32514	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TVP MARTIN, FRANCIS N. 1830 KINGSWAY DR. CANTONMENT, FL 32533	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SHARPLESS, OSMOND C. 610 EL CAMINO DR. CANTONMENT, FL 32533	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ANDERSON, ED 937 BROKEN ARROW LANE CANTONMENT, FL 32533	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PITTS, KENDALL 3080 RED FERN RD. CANTONMENT, FL 32533	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WARREN, DELORIS 2381 BROOK PARK RD. PENSACOLA, FL 32534	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Osmond C. Sharpless
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 11, 2005 850-572-2547
Date Daytime Phone #