2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011895

FILED Mar 21, 2009 Secretary of State

Entity Name: GONZALEZ UNITED METHODIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 2026 PAULINE STREET PENSACOLA, FL 32533 **Current Mailing Address: New Mailing Address:** P.O. BOX 38 GONZALEZ, FL 32560 FEI Number: 59-1174432 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: REEVES, JAMES J. 730 BAYFRONT PARKWAY, STE. 4B PENSACOLA, FL 32502 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: () Delete (X) Change () Addition HARRIS, MEL MCRAE, TOM Name: Name: 8740 ROSE AVE Address: 20090 ERIN POND ROAD WEST Address: City-St-Zip: PENSACOLA, FL 32534 City-St-Zip: SEMINOLE, AL 36574 Title: Title: (X) Change () Addition () Delete TERRY, GREG Name: LIVINGSTON, JACK Name: Address: 1741 KINGS WAY DRIVE Address: 2350 HWY 97 NORTH City-St-Zip: CANTONMENT, FL 32533 City-St-Zip: MOLINO, FL 32577 Title: SECR () Delete Title: () Change () Addition PITTS, SHERRI Name: Name: 2619 EAST KINGSFIELD ROAD Address: Address: City-St-Zip: PENSACOLA, FL 32534 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WARREN, JASPER Name: 2381 BROOK PARK ROAD Address: Address: City-St-Zip: PENSACOLA, FL 32534 City-St-Zip: Title: () Delete Title: (X) Change () Addition BOYD, WILLIAM STUCKEY, HEATH Name: Name: 2469 TATE ROAD 5816 RAWSON LANE Address: Address: City-St-Zip: CANTONMENT, FL 32533 City-St-Zip: PENSACOLA, FL 32503 Title: () Delete Title: (X) Change () Addition WEAVER, JIM MCRAE, TOM Name: Name: Address: 20090 ERIN POND ROAD, WEST Address: 11563 CLEAR CREEK DRIVE SEMINOLE, AL 36574 PENSACOLA, FL 32514 City-St-Zip: 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: TOM MCRAE P 03/21/2009