

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20760

FILED
Mar 07, 2005
Secretary of State

Entity Name: ST. LUKE UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

1394 EAST NINE MILE ROAD
PENSACOLA, FL 325145720 US

New Principal Place of Business:

Current Mailing Address:

1394 EAST NINE MILE ROAD
PENSACOLA, FL 325145720 US

New Mailing Address:

FEI Number: 59-2569623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOLEK, STEPHEN J
11591 DUELING OAKS DRIVE
PENSACOLA, FL 32514 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: D () Delete
Name: FOXWORTH, BILL
Address: 6846 COMMUNITY DRIVE
City-St-Zip: PENSACOLA, FL 32526

Title: PD () Delete
Name: ROMMES, PATRICK
Address: 9513 HUMMINGBIRD BLVD.
City-St-Zip: PENSACOLA, FL 32514

Title: VD () Delete
Name: STINEY, MIKE
Address: 707 MEADOWVIEW LANE
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: CAVE, JOYCE
Address: 400 TWIN BAY DRIVE
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: WILLIAMSON, JIM
Address: 9625 QUAIL HOLLOW BLVD.
City-St-Zip: PENSACOLA, FL 32514

Title: SD () Delete
Name: OLSEN, JOYCE
Address: 3060 PINEFOREST ROAD
City-St-Zip: CANTONMENT, FL 32533

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: PANEPINTO, BETTY
Address: 6111 JAMESON CIRCLE
City-St-Zip: PACE, FL 32571

Title: SD (X) Change () Addition
Name: CAVE, JOYCE
Address: 400 TWIN BAY DRIVE
City-St-Zip: PENSACOLA, FL 32514

Title: D (X) Change () Addition
Name: CASSADY, DAVID
Address: 209 SWIFT DRIVE
City-St-Zip: CANTONMENT, FL 32533

Title: D (X) Change () Addition
Name: MCCALL, SHELLIE
Address: 4716 HENRY WILSON CREEK DRIVE
City-St-Zip: MILTON, FL 32583

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICK ROMMES

PD

03/07/2005

Electronic Signature of Signing Officer or Director

Date