

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20760

**FILED**  
**Jan 27, 2012**  
**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:**

CUTTING, DOTTIE  
7587 WOODS RD  
PENSACOLA, FL 32534 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  
Name: JACKSON, CINDY  
Address: 4962 JENNIFER LN  
City-St-Zip: PACE, FL 32571

Title: D  
Name: GARRETT, LARRY T  
Address: 11532 CLEAR CREEK DRIVE  
City-St-Zip: PENSACOLA, FL 32514

Title: D  
Name: DAVIS, GREGORY M  
Address: 8900 SCENIC HILLS DRIVE  
City-St-Zip: PENSACOLA, FL 32514

Title: D  
Name: ROMES, PATRICK E  
Address: 9513 HUMMINGBIRD BLVD  
City-St-Zip: PENSACOLA, FL 32514

I hereby 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 all other like empowered.

SIGNATURE: DOTTIE CUTTING

RA

01/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date