
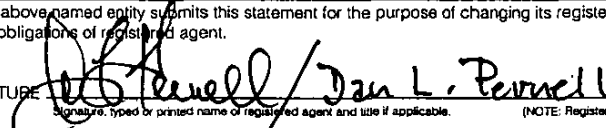
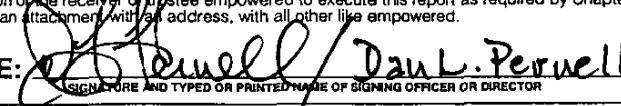


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90177 041 \*\*\*\*61.25

<b>DOCUMENT # N29063</b> 1. Entity Name <b>ST. PAUL UNITED METHODIST CHURCH, INC. OF GULF BREEZE</b>					
Principal Place of Business <b>4901 GULF BREEZE PARKWAY GULF BREEZE, FL 32561-9286</b>			Mailing Address <b>4901 GULF BREEZE PARKWAY GULF BREEZE, FL 32561-9286</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04152005 Chg-NP CR2E037 (10/03)	
4. FEI Number <b>59-2376813</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BROWNE, DOUGLAS 1978 AVENIDA DE SOL NAVARRE, FL 32566</b>			Name <b>Dan L. Pernell</b> Street Address (P.O. Box Number is Not Acceptable) <b>5104 Mandavilla Blvd.</b> City <b>Gulf Breeze FL</b> Zip Code <b>32563</b>		
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:  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: <b>4/22/2005</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to: <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D FLOYD, LORI 2017 CANDLEWOOD DR NAVARRE, FL 32566</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD BROWNE, DOUG 1978 AVENIDA DE SOL NAVARRE, FL 32566</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD John Anderson 1692 Sea Lark Lane Navarre, FL 32566</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD CRAWFORD, AMBERT 1766 SUNNY OAK ST. GULF BREEZE, FL 32563</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D Truett Beasley 5044 Lantana Drive Gulf Breeze, FL 32563</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D DOUGHTY, TOM 5227 SOUNDSIDE DR GULF BREEZE, FL 32563</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D T.J. Edwards 1914 Pelican Lane Navarre, FL 32566</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D KIZER, BETH 2552 HOLLEY PL. NAVARRE, FL 32566</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D Hank Krenning 1554 Oak Shore Drive Gulf Breeze, FL 32563</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD BALLAS, PATRICIA 2664 VENETIAN WAY GULF BREEZE, FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <b>4/22/2005</b> DAYTIME PHONE #: <b>(850) 529-5078</b>		

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