

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 08, 2008 8:00 am**  
**Secretary of State**

08-08-2008 90015 049 \*\*\*\*70.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |                                                                                     |                                                                                   |                                                                                                                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N29063</b><br>1. Entity Name<br><b>ST. PAUL UNITED METHODIST CHURCH, INC. OF GULF BREEZE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                     |                                                                                   |                                                                             |  |
| Principal Place of Business<br><b>4901 GULF BREEZE PARKWAY<br/>GULF BREEZE, FL 32561-9286</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                                                                     | Mailing Address<br><b>4901 GULF BREEZE PARKWAY<br/>GULF BREEZE, FL 32561-9286</b> |                                                                                                                                                              |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       | 3. Mailing Address                                                                  |                                                                                   |                                                                                                                                                              |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       | Suite, Apt. #, etc.                                                                 |                                                                                   |                                                                                                                                                              |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       | City & State                                                                        |                                                                                   |                                                                                                                                                              |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country               | Zip                                                                                 | Country                                                                           | 4. FEI Number<br><b>59-2376813</b>                                                                                                                           |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |                                                                                     |                                                                                   | 7. Name and Address of New Registered Agent                                                                                                                  |  |
| <b>EDWARDS, T.J.</b><br><b>1914 PELICAN LN</b><br><b>NAVARRE, FL 32566</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                     |                                                                                   | Name <b>Larry Bevis</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>4986 Hickory Shores Blvd.</b><br>City <b>Gulf Breeze</b> FL <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.<br><div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           SIGNATURE <i>Larry Bevis</i><br/> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 50%; text-align: right;"> <b>Trustee</b><br/> <b>Larry Bevis Chairperson 8/5/08</b><br/> <small>DATE</small> </div> </div> |                       |                                                                                     |                                                                                   |                                                                                                                                                              |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by September 12, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                   | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                                                                                                                 |  |
| Make check payable to<br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |                                                                                     |                                                                                   |                                                                                                                                                              |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                     |                                                                                   |                                                                                                                                                              |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D                     | <input checked="" type="checkbox"/> Delete                                          | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                             |                                                                                                                                                              |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | LEBRUN, PHILIPPE      |                                                                                     | TITLE                                                                             | Trustee <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5084 KEYSTONE DRIVE   |                                                                                     | NAME                                                                              | Dan Greaves                                                                                                                                                  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | GULF BREEZE, FL 32563 |                                                                                     | STREET ADDRESS                                                                    | 1920 Pelican Lane, Navarre, FL 32566                                                                                                                         |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SD                    | <input checked="" type="checkbox"/> Delete                                          | TITLE                                                                             | Trustee <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ANDERSON, JOHN        |                                                                                     | NAME                                                                              | David Penn                                                                                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1692 SEA LARK LANE    |                                                                                     | STREET ADDRESS                                                                    | 1513 Oak Drive                                                                                                                                               |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NAVARRE, FL 32566     |                                                                                     | CITY-ST-ZIP                                                                       | Gulf Breeze, FL 32563                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D                     | <input checked="" type="checkbox"/> Delete                                          | TITLE                                                                             | Trustee <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | JEFFERS, JEFF         |                                                                                     | NAME                                                                              | Frank Daniel, Sr.                                                                                                                                            |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6985 GANDY DR         |                                                                                     | STREET ADDRESS                                                                    | 8201 Pompano Street                                                                                                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NAVARRE, FL 32566     |                                                                                     | CITY-ST-ZIP                                                                       | Navarre, FL 32566                                                                                                                                            |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D                     | <input checked="" type="checkbox"/> Delete                                          | TITLE                                                                             | Trustee <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | HARRIS, RUSSELL       |                                                                                     | NAME                                                                              | Joe Nicholson                                                                                                                                                |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5927 EAST BAY BLVD    |                                                                                     | STREET ADDRESS                                                                    | 6917 Sea Bass Circle                                                                                                                                         |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | GULF BREEZE, FL 32563 |                                                                                     | CITY-ST-ZIP                                                                       | Navarre, FL 32566                                                                                                                                            |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D                     | <input checked="" type="checkbox"/> Delete                                          | TITLE                                                                             | Trustee <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | LOVELACE, LLOYD       |                                                                                     | NAME                                                                              | David Lyle                                                                                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2004 TAMPA BLVD       |                                                                                     | STREET ADDRESS                                                                    | 1642 Ponderosa Drive                                                                                                                                         |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NAVARRE, FL 32566     |                                                                                     | CITY-ST-ZIP                                                                       | Gulf Breeze, FL 32563                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TD                    | <input checked="" type="checkbox"/> Delete                                          | TITLE                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                            |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | BALLAS, PATRICIA      |                                                                                     | NAME                                                                              |                                                                                                                                                              |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2664 VENETIAN WAY     |                                                                                     | STREET ADDRESS                                                                    |                                                                                                                                                              |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | GULF BREEZE, FL       |                                                                                     | CITY-ST-ZIP                                                                       |                                                                                                                                                              |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Jacklyn Jeffers</i> <b>Jacklyn Jeffers, Finance Secty 8/5/08 850-932-8002</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       |                                                                                     |                                                                                   |                                                                                                                                                              |  |

40112920



08052008 Chg-NP CR2E037 (12/06)

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Gulf Breeze FL 32563

Trustee

Larry Bevis Chairperson 8/5/08

Filing Fee is \$61.25  
Due by September 12, 2008

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          | D                     | <input checked="" type="checkbox"/> Delete |
| NAME           | LEBRUN, PHILIPPE      |                                            |
| STREET ADDRESS | 5084 KEYSTONE DRIVE   |                                            |
| CITY-ST-ZIP    | GULF BREEZE, FL 32563 |                                            |
| TITLE          | SD                    | <input checked="" type="checkbox"/> Delete |
| NAME           | ANDERSON, JOHN        |                                            |
| STREET ADDRESS | 1692 SEA LARK LANE    |                                            |
| CITY-ST-ZIP    | NAVARRE, FL 32566     |                                            |
| TITLE          | D                     | <input checked="" type="checkbox"/> Delete |
| NAME           | JEFFERS, JEFF         |                                            |
| STREET ADDRESS | 6985 GANDY DR         |                                            |
| CITY-ST-ZIP    | NAVARRE, FL 32566     |                                            |
| TITLE          | D                     | <input checked="" type="checkbox"/> Delete |
| NAME           | HARRIS, RUSSELL       |                                            |
| STREET ADDRESS | 5927 EAST BAY BLVD    |                                            |
| CITY-ST-ZIP    | GULF BREEZE, FL 32563 |                                            |
| TITLE          | D                     | <input checked="" type="checkbox"/> Delete |
| NAME           | LOVELACE, LLOYD       |                                            |
| STREET ADDRESS | 2004 TAMPA BLVD       |                                            |
| CITY-ST-ZIP    | NAVARRE, FL 32566     |                                            |
| TITLE          | TD                    | <input checked="" type="checkbox"/> Delete |
| NAME           | BALLAS, PATRICIA      |                                            |
| STREET ADDRESS | 2664 VENETIAN WAY     |                                            |
| CITY-ST-ZIP    | GULF BREEZE, FL       |                                            |

|                |                                      |                                                                              |
|----------------|--------------------------------------|------------------------------------------------------------------------------|
| TITLE          | Trustee <b>D</b>                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Dan Greaves                          |                                                                              |
| STREET ADDRESS | 1920 Pelican Lane, Navarre, FL 32566 |                                                                              |
| TITLE          | Trustee <b>D</b>                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | David Penn                           |                                                                              |
| STREET ADDRESS | 1513 Oak Drive                       |                                                                              |
| CITY-ST-ZIP    | Gulf Breeze, FL 32563                |                                                                              |
| TITLE          | Trustee <b>D</b>                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Frank Daniel, Sr.                    |                                                                              |
| STREET ADDRESS | 8201 Pompano Street                  |                                                                              |
| CITY-ST-ZIP    | Navarre, FL 32566                    |                                                                              |
| TITLE          | Trustee <b>D</b>                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Joe Nicholson                        |                                                                              |
| STREET ADDRESS | 6917 Sea Bass Circle                 |                                                                              |
| CITY-ST-ZIP    | Navarre, FL 32566                    |                                                                              |
| TITLE          | Trustee <b>D</b>                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | David Lyle                           |                                                                              |
| STREET ADDRESS | 1642 Ponderosa Drive                 |                                                                              |
| CITY-ST-ZIP    | Gulf Breeze, FL 32563                |                                                                              |
| TITLE          |                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                      |                                                                              |
| STREET ADDRESS |                                      |                                                                              |
| CITY-ST-ZIP    |                                      |                                                                              |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Jacklyn Jeffers* **Jacklyn Jeffers, Finance Secty 8/5/08 850-932-8002**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR