2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 06, 2004 8:00 am Secretary of State DOCUMENT # N44851 1. Entity Name 02-06-2004 90035 045 ****61.25 THE PINE FOREST UNITED METHODIST CHURCH, INC. Principal Place of Business Mailing Address 2800 WILDE LAKE BLVD. 1 2800 WILDE LAKE BLVD. PENSACOLA FL 32526 PENSACOLA FL 32526 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State 4. FEI Number Applied For City & State 59-1716087 Not Applicable Zin Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BULLARD, RONNIE M Street Address (P.O. Box Number is Not Acceptable) 3204 COPPER RIDGE CIR **CANTONMENT FL 32533** Zip Code City 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. ***GNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. a Presider Delete TITLE Addition TITLE PLATTETER, PAULETTE HOLT NAME NAME Ceylon Bd. 2026 JUNO CIRCLE STREET ADDRESS STREET ADDRESS PENSACOLA FL 32526 en 3a cola CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE 311 Latemont Lane THOMPSON, PATTI NAME NAME 8500 REDWING DRIVE STREET ADDRESS STREET ADDRESS PENSACOLA FL 32534 CITY-ST-ZIP ensacola, CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE LEE SMITH, TERRY NAME NAME 32980 BROWNS LANDING RD STREET ADDRESS STREET ADDRESS SEMINOLE AL 36574 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITS F NAME STREET ADDRESS STREET ADDRESS CITY®ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 a chapter like empowered.

Konviet. Bullard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE!

FILED