


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northrup Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N46154** (3)
1. Corporation Name
SUMMIT PARK UNITED METHODIST CHURCH, INC.



Principal Place of Business 3300 SUMMIT BLVD PENSACOLA FL 32503	Mailing Address 3300 SUMMIT BLVD PENSACOLA FL 32503
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3. Date Incorporated or Qualified 11/21/1991
4. FEI Number NOT APPLICABLE
Applied For Not Applicable

2. Principal Place of Business Church 21 Summit Park United Methodist Church Suite, Apt. #, etc. Same as Above	2a. Mailing Address 25 3300 Summit Boulevard Suite, Apt. #, etc.
City & State 23 Pensacola, Florida 32503	City & State 28
Zip 24 32503	Country 25 USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PETROUTSON, BLANE T 5425 PRIMROSE DR PENSACOLA FL 32504

10. Name and Address of New Registered Agent 81 Name Mr. Ron Medley 82 Street Address (P.O. Box Number is Not Acceptable) 4650 Shannon Circle 83 Pensacola, Florida 32504 84 City See Above FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **January 13, 1998**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC PETROUTSON, BLANE 5425 PRIMROSE DR PENSACOLA FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VALLIMONT, JANE 2400 TRONJO CIRCLE PENSACOLA FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEMON, RANDY 3995 ROMITCH LANE PENSACOLA FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GREEN, PAT 4286 BROOKSIDE DR PENSACOLA FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEDLEY, RON 4650 SHANNON CIR PENSACOLA FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIAMOND, JERRY 3300 SUMMIT BOULEVARD PENSACOLA FL <input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Trustees Chairperson Ron Medley 4650 Shannon Circle Pensacola, FL 32504 <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Trustee Tony Tatum 7029 Nathan Road Pensacola, FL 32526 <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Trustee Pat Byrne 5335 Potsi Place Pensacola, FL 32504 <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(8)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* **1-14-98** **850-474-210**

CR2E037 (10/97)