


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90029 011 \*\*\*\*61.25

0077738

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N46154**

1. Corporation Name

**SUMMIT PARK UNITED METHODIST CHURCH, INC.**

Principal Place of Business

**SUMMIT PARK UNITED METHODIST CHURCH  
 3300 SUMMIT BLVD  
 PENSACOLA FL 32503  
 US**

Mailing Address

**3300 SUMMIT BLVD  
 PENSACOLA FL 32503**

1 2 5 1 9  
 125129 90029 11 9



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	11/21/1991
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	NOT APPLICABLE
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	28	\$8.75 Additional Fee Required
Zip	Country	6. Election Campaign Financing <input type="checkbox"/>
24	29	Trust Fund Contribution <input type="checkbox"/>
25	30	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**MEDLEY, RON** Greene, James  
**4560 SHANNON CIRCLE** 6304 Long Street  
**PENSACOLA FL 32504** Pensacola, Florida 32504

10. Name and Address of New Registered Agent

81 Name **James Greene**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**6304 Long Street**  
 83  
 84 City **Pensacola, Florida** **FL** 85 Zip Code **32504**

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 James Greene DATE 2/3/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEDLEY, RON</b>	1.2 NAME	<b>James Greene</b>
STREET ADDRESS	<b>4650 SHANNON CIRCLE</b>	1.3 STREET ADDRESS	<b>6304 Long Street</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32504</b>	1.4 CITY-ST-ZIP	<b>Pensacola, FL 32504</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VALLIMONT, JANE</b>	2.2 NAME	
STREET ADDRESS	<b>2400 TRONJO CIRCLE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEMON, RANDY</b>	3.2 NAME	
STREET ADDRESS	<b>3995 ROMITCH LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TATUM, TONY</b>	4.2 NAME	<b>David Wiggins</b>
STREET ADDRESS	<b>7029 NATHAN ROAD</b>	4.3 STREET ADDRESS	<b>8343 Lyric Drive</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32526</b>	4.4 CITY-ST-ZIP	<b>Pensacola, FL 32514</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BYRNE, PAT</b>	5.2 NAME	
STREET ADDRESS	<b>5335 POTS PLACE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL 32504</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: James Greene DATE 2/3/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)