UNIFORM BUSINESS REPORT DOCUMENT # N46154 1. Entity Name SUMMIT PARK UNITED METHODIST CHURCH, INC.				Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90090 045 ****61.25				
Principal Place of Business SUMMIT PARK UNITED METHODIST CHUCRH KOO SUMMIT BLVD PENSACOLA FL 32503 JS	Mailing Address 3300 SUMMIT BLVD PENSACOLA FL 32503			DILEN DI OININ	01101 1900 01118 0101 0100	DENTI OJNE DIOLE RAD	I D 1016 3006	
2. Principal Place of Business	3. Mailing Address							
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.						
City & State	City & State		4. FEI N			pplied For ot Applicable		
Zip Country	Zip	Country	5. Certil	ficate of Stat	tus Desired	\$8.75 Ad Fee Require	ditional	
6. Name and Address of C	urrent Registered Agent		7. Name	e and Addre	ess of New Register	· · ·		
GREENE, JAMES S. R.			Name Street Address (P.O. Box Number is Not Acceptable)					
6304 LONG ST		Street A	duress (P.O. box N			•• • •· ·		
PENSACOLA FL 32504		City				Zin Cor	le	
PENSACOLA FL 32504 8. The above named entity submits this stater the obligations of registered agent. SIGNATURE Argnoture, typed or printed name of register AAT HALLA	Hanph. J Id agent and title if applicable. ()	RUSTEE Registered Agent signet		<u>Mal</u>	DA	(g-0 €	and accept	
 PENSACOLA FL 32504 8. The above named entity submits this stater the obligations of registered agent. SIGNATURE Address of the state o	deanon. 1 Indegent and title if anolicable. (r	its registered office or	Chair	ng) May Be	e State of Florida. T DA DA Make Ch		and accept	
PENSACOLA FL 32504 8. The above named entity submits this stater the obligations of registered agent. SIGNATURE Figure typed or printed name of register FILE NOVE: FEE S \$61.2 10. OFFICERS A	Ad agent and title if applicable. (P Second Second	its registered office of RUS FEE NOTE: Registered Agent signet Campaign Financing d Contribution. 11.	ture required when reinstati	May Be Fees	e State of Florida. T DA DA Make Ch	am familiar with am fam familiar with am fam	to State	
PENSACOLA FL 32504 8. The above named entity submits this stater the obligations of registered agent. SIGNATURE Argndure, typed or printed name of register FILE NOVE: FEE IS \$61.25 10. OFFICERS A TITLE NAME GREEN, JAMES STREET ADDRESS B304 LONG ST	nd agent and title if applicable. (P	its registered office of PUS ICTE: Registered Agent signat Campaign Financing d Contribution.	ture required when reinstati	May Be Fees	Be State of Florida. T DA DA Make Ch Florida De	am familiar with	and accept	
 PENSACOLA FL 32504 The above named entity submits this stater the obligations of registered agent. SIGNATURE Agency of the primted name of registered agent. SIGNATURE AGENCY AGENCY OF PRIME AGENCY OF PRIME AGENCY OF PRIME ADDRESS B304 LONG ST GITY-ST-ZIP PENSACOLA FL 32504 TITLE THE NAME GREEN, JAMES AGENCY OF PENSACOLA FL 32504 	Ad agent and title if applicable. (P Second Second	its registered office or PUS Correct Registered Agent signat Campaign Financing d Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to ADDITIONS	May Be Fees S/CHANGES	Make Ch Florida De S TO OFFICERS AND	am familiar with am fam familiar with am fam	to State	
PENSACOLA FL 32504 8. The above named entity submits this stater the obligations of registered agent. SIGNATURE Argradure, typed or printed name of registered agent. SIGNATURE Argradure, typed or printed name of registered agent. FILE NOVE: FEE IS \$61.21 10. OFFICERS A TITLE GREEN, JAMES STREET ADDRESS B304 LONG ST CITY-ST-ZIP PENSACOLA FL 32504 TITLE Image: Comparison of the state of the stat	Ad agent and title if applicable. (P Add agent and title if applicable. (P Add Solution (P) Selection (P) Trust Fun ND DIRECTORS Delete	its registered office or PUSTEC INTE: Registered Agent signat Campaign Financing d Contribution. 11. TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS	Added to	May Be Fees S/CHANGES	Make Ch Florida Dep B TO OFFICERS AND	am familiar with, ()-0) me meck Payable partment of DIRECTORS II Change	to State	
PENSACOLA FL 32504 8. The above named entity submits this stater the obligations of registered agent. SIGNATURE Interview <	Ad agent and title if applicable. (P	its registered office or Rustered Agent signat Campaign Financing d Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to ADDITIONS	May Be Fees S/CHANGES	Make Ch Florida Dep B TO OFFICERS AND	am familiar with, am familiar with,	and accept	
PENSACOLA FL 32504 8. The above named entity submits this stater the obligations of registered agent. SIGNATURE Interview <	Ad agent and title if anolicable. (P	its registered office or PUSTE ROTE: Registered Agent signat Campaign Financing d Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to ADDITIONS	May Be Fees S/CHANGES	Make Ch Florida Dep B TO OFFICERS AND	am familiar with, <u>() - ())</u> meck Payable partment of 10 DIRECTORS IN Change Change	and accept	
PENSACOLA FL 32504 8. The above named entity submits this stater the obligations of registered agent. SIGNATURE Transformed or printed name of register FILE NOVE: FEE S \$61.2 10. OFFICERS A TITLE NAME STREET ADDRESS S04 LONG ST PENSACOLA FL 32504 TITLE NAME STREET ADDRESS 1202 CHISHOLM-TRAIL PENSACOLA FL 32514 TITLE NAME STREET ADDRESS STREET ADDRES STREET ADDRESS STREET ADDRES STREET ADDRE	Ad agent and title if anolicable. (P	its registered office or RUSTEC AGTE: Registered Agent signet Campaign Financing d Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to ADDITIONS	May Be Fees S/CHANGES	Make Ch Florida Dep B TO OFFICERS AND	am familiar with, <u>() - ())</u> meck Payable partment of 10 DIRECTORS IN Change Change	and accept	