

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000002430 (7)

1. Corporation Name

FERRY PASS UNITED METHODIST CHURCH, INC.



Principal Place of Business

7300 N DAVIS HWY  
PENSACOLA FL

Mailing Address

7300 N DAVIS HWY  
PENSACOLA FL

3. Date Incorporated or Qualified

05/28/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1052250-59-3282863

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOORHEAD, STEPHEN R  
4300 BAYOU BLVD  
SUITE 12  
PENSACOLA FL 32503

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME CLARK, CHARLES E  
STREET ADDRESS 5248 RIDGEFIELD RD  
CITY-ST-ZIP PENSACOLA FL 32514

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME BARNETT, JEAN  
STREET ADDRESS 109 SAVANNAH ST  
CITY-ST-ZIP PENSACOLA FL 32503

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME LEONARD CRAWFORD  
2.3 STREET ADDRESS 7722 Northpointe Blvd.  
2.4 CITY-ST-ZIP Pensacola, FL 32514-6535

TITLE D ☒ DELETE  
NAME BROWN, JEAN  
STREET ADDRESS 1475 FINLEY DR  
CITY-ST-ZIP PENSACOLA FL 32514

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME LOIS WIGGINS  
3.3 STREET ADDRESS 6133 Audubon Dr.  
3.4 CITY-ST-ZIP Pensacola, FL 32504

TITLE DT ☐ DELETE  
NAME PEACOCK, ADRIANA  
STREET ADDRESS 2371 LE RUTH DR  
CITY-ST-ZIP PENSACOLA FL 32514

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Adriana Peacock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/96

Date

904-476-2464

Daytime Phone #

CR2E037 (12/95)