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FILED
Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 05/28/1993	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
4. FEI Number 59-3282863	Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 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
**MOORHEAD, STEPHEN R
4300 BAYOU BLVD
SUITE 12
PENSACOLA FL 32503**

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, CHARLES E	
STREET ADDRESS	5248 RIDGEFIELD RD	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRAWFORD, LEONARD	
STREET ADDRESS	7722 NORTHPOINTE BLVD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WIGGINS, LOIS	
STREET ADDRESS	6133 AUDUBON DR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	PEACOCK, ADRIANA	
STREET ADDRESS	2371 LE RUTH DR	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, RAY	
STREET ADDRESS	7830 HILBURN RD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARNETT, JEAN	
STREET ADDRESS	109 SAVANNAH ST	
CITY-ST-ZIP	PENSACOLA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DT Fleming, Roberta	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	9300 Chisholm Rd.	
1.3 STREET ADDRESS	Pensacola, FL 32514	
1.4 CITY-ST-ZIP	Pensacola, FL 32514	
2.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Crawford, Leonard L.	
2.3 STREET ADDRESS	7722 Northpointe Blvd	
2.4 CITY-ST-ZIP	Pensacola, FL 32514	
3.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bass, Donna	
3.3 STREET ADDRESS	2341 Brookwood Pl.	
3.4 CITY-ST-ZIP	Cantonment, FL 32533	
4.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Peacock, Adrianna	
4.3 STREET ADDRESS	2371 Le Ruth Dr.	
4.4 CITY-ST-ZIP	Pensacola, FL 32514	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *Leonard L. Crawford* **Leonard L. Crawford** *3d* **(850) 479-7779**

CR2E037 (10/97)