

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

02-27-1999 90098 022 ****61.25

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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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

05/28/1993

4. FEI Number

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **FLEMING, ROBERTA**
STREET ADDRESS **9300 CHISHOLM RD**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **DC** ☒ DELETE
NAME **CRAWFORD, LEONARD**
STREET ADDRESS **7722 NORTHPOINTE BLVD**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **DT** ☒ DELETE
NAME **BASS, D**
STREET ADDRESS **2341 BROOKWOOD PL**
CITY-ST-ZIP **CANTONMENT FL 32533**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DVC** ☐ Change ☒ Addition
1.2 NAME **Ronald Smith**
1.3 STREET ADDRESS **8301 East Highway 90**
1.4 CITY-ST-ZIP **Milton, FL 32583**

2.1 TITLE **DC** ☐ Change ☒ Addition
2.2 NAME **Boyce Karriker**
2.3 STREET ADDRESS **1003 Vernon Street**
2.4 CITY-ST-ZIP **Pensacola, FL 32504**

3.1 TITLE **DT** ☐ Change ☒ Addition
3.2 NAME **Jack Sarricks**
3.3 STREET ADDRESS **2081 East Lansing**
3.4 CITY-ST-ZIP **Pensacola, FL 32504**

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

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

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: **Adriana Peacock** **1/22/99 (850) 476-2930**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)