

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002430

1. Entity Name

FERRY PASS UNITED METHODIST CHURCH, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90315 026 ****61.25

Principal Place of Business

Mailing Address

7300 N DAVIS HWY
 PENSACOLA FL

7300 N DAVIS HWY
 PENSACOLA FL 32504-6314



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3282863

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES ARE \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | DVC | <input type="checkbox"/> Delete |
| NAME | SMITH, RONALD | |
| STREET ADDRESS | 8301 EAST HWY 90 | |
| CITY-ST-ZIP | MILTON FL 32583 | |
| TITLE | DC | <input type="checkbox"/> Delete |
| NAME | KARRIKER, BOYCE | |
| STREET ADDRESS | 1003 VERNON STREET | |
| CITY-ST-ZIP | PENSACOLA FL 32504 | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | SARRICKS, JACK | |
| STREET ADDRESS | 2081 E LANSING | |
| CITY-ST-ZIP | PENSACOLA FL 32504 | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | PEACOCK, ADRIANA | |
| STREET ADDRESS | 2371 LE RUTH DR | |
| CITY-ST-ZIP | PENSACOLA FL 32514 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------|--|
| TITLE | DT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Lois Wiggins | |
| STREET ADDRESS | 6133 Audobon Drive | |
| CITY-ST-ZIP | Pensacola, FL 32504 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | DS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Roberta Fleming | |
| STREET ADDRESS | 9300 Chisholm Road | |
| CITY-ST-ZIP | Pensacola, FL 32514 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Boyce W. Karriker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Boyce W. Karriker 1-13-00

CF2E037 (9/99)