

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

0017206

DOCUMENT # N93000002430

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3282863

Applied For

Not Applicable

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

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

Name

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

City

FL

Zip Code

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:
FEE IS \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVC
SMITH, RONALD
8301 EAST HWY 90
MILTON FL 32583** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DC
JAMES B. LIVINGSTON
6550 CHULA VISTA DRIVE
PENSACOLA, FL 32504** ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DC
KARRIKER, BOYCE
1003 VERNON STREET
PENSACOLA FL 32504** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
RUTH RAY
6001 HILLTOP RD.
PENSACOLA, FL 32504** ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
SARRICKS, JACK
2081 E LANSING
PENSACOLA FL 32504** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
WIGGINS, LOIS
6133 AUDOBON DRIVE
PENSACOLA FL 32504** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
FLEMING, ROBERTA
9300 CHISHOLM ROAD
PENSACOLA FL 32514** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Date Daytime Phone #

CR2E037 (10/00)