


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90018 001 ****61.25

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		4. FEI Number 59-3282863	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MITCHELL, WILLIAM P.O. BOX 30589 3289 SUMMIT BLVD 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC CLARK, CHARLES E 8246 RIDGEFIELD ROAD PENSACOLA, FL 32514	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ruth Ray 6001 Hilltop Rd. Pensacola, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, JOHN 1423 LEMHURST DRIVE PENSACOLA, FL 32507	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Leonard Crawford 7722 North Point Rd. Pensacola, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUMAS, ALEX 730 BOULDER CREEK DRIVE PENSACOLA, FL 32514	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Adrianna Peacock 2371 Le Ruth Dr. Pensacola, FL 3214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, RAY 7930 HILBURN ROAD PENSACOLA, FL 32514	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Connie Gooden 3016 Asbury Ln Cantonment, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCISCO, HERB 3716 POMPAÑO DR PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, BETTY 8693 SCENIC HILL DR PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Delete		TITLE 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: <u>Charles E Clark</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				4/15/04 Date	
				Daytime Phone #	

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