

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90183 025 \*\*\*\*61.25

<b>DOCUMENT # N93000002430</b> 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 <b>32504</b>	Country	Zip <b>32504</b>	Country		
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 <b>FL</b> 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 re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAM H. ALLEN 4300-14 W. FRANCISCO PENSACOLA FL 32504 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAY, RUTH 6001 HILLTOP RD. PENSACOLA, FL 32504	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHARLES WHITEMAN 9463 HOLLOWBROOK DRIVE PENSACOLA FL 32514 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUMAS, ALEX 730 BOULDER CREEK DRIVE PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILDRED PARKER 1636 ATWOOD DRIVE PENSACOLA FL 32514 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, RAY 7930 HILBURN ROAD PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CONKIE GOODEN 3016 ASHBURY LANE CANTONMENT FL 32533 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, LEONARD 7722 NORTH POINT RD. PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADONNA WILLIAMS 7744 KIPLING ST. PENSACOLA FL 32514 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEACOCK, ANDRIANNA 2371 LE RUTH DR. PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYMOND SMITH 7930 HILBURN ROAD PENSACOLA FL 32514 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: <u>William H. Allen</u>			Date: <u>2/24/05</u> Daytime Phone #: <u>850-572-5668</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>WILLIAM H. ALLEN</u>					

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**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

01262005

Chg-NP

CR2E037 (10/03)

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$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 DC  
NAME CLARK, CHARLES E  
STREET ADDRESS 8246 RIDGEFIELD ROAD  
CITY-ST-ZIP PENSACOLA, FL 32514 ☒ Delete

TITLE D  
NAME ALEX DUMAS  
STREET ADDRESS 730 BOULDER CREEK DR.  
CITY-ST-ZIP PENSACOLA FL 32514 ☐ Change ☒ Addition

TITLE D  
NAME RAY, RUTH  
STREET ADDRESS 6001 HILLTOP RD.  
CITY-ST-ZIP PENSACOLA, FL 32504 ☒ Delete

TITLE D  
NAME WILLIAM SCHELLER  
STREET ADDRESS 160 PALISADE ROAD  
CITY-ST-ZIP PENSACOLA FL 32504 ☐ Change ☒ Addition

TITLE D  
NAME DUMAS, ALEX  
STREET ADDRESS 730 BOULDER CREEK DRIVE  
CITY-ST-ZIP PENSACOLA, FL 32514 ☒ Delete

TITLE D  
NAME FLOYD WHALEN  
STREET ADDRESS 10705 SAWARA  
CITY-ST-ZIP PENSACOLA FL 32506 ☐ Change ☒ Addition

TITLE D  
NAME SMITH, RAY  
STREET ADDRESS 7930 HILBURN ROAD  
CITY-ST-ZIP PENSACOLA, FL 32514 ☒ Delete

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

TITLE D  
NAME CRAWFORD, LEONARD  
STREET ADDRESS 7722 NORTH POINT RD.  
CITY-ST-ZIP PENSACOLA, FL 32514 ☒ Delete

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

TITLE D  
NAME PEACOCK, ANDRIANNA  
STREET ADDRESS 2371 LE RUTH DR.  
CITY-ST-ZIP 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: William H. Allen Chavira  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/05 850-  
Date Daytime Phone #

WILLIAM H. ALLEN

Page 2 of 2