

# 2006 OFFICIAL ANNUAL REPORT (AR)

DOCUMENT # N93000002430

1. Entity Name

FERRY PASS UNITED METHODIST CHURCH, INC.



**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90279 025 \*\*\*\*61.25

Principal Place of Business

7300 N DAVIS HWY  
PENSACOLA FL 32504

Mailing Address

7300 N DAVIS HWY  
PENSACOLA FL 32504



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip  
32504

Country

Zip  
32504

Country

1st MOORE

CR2E037 (10/05)

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

MITCHELL, WILLIAM  
P.O. BOX 30589  
3289 SUMMIT BLVD  
PENSACOLA FL 32503

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

I, 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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

TITLE P/D ☒ Delete  
NAME ALLEN, WILLIAM H  
STREET ADDRESS 4300-14 W. FRANCISCO  
CITY-ST-ZIP PENSACOLA FL 32504

TITLE V/D ☒ Delete  
NAME WHITEMAN, CHARLES  
STREET ADDRESS 9463 HOLLOWBROOK DRIVE  
CITY-ST-ZIP PENSACOLA FL 32514

TITLE S/D ☒ Delete  
NAME PARKER, MILDRED  
STREET ADDRESS 1636 ATWOOD DRIVE  
CITY-ST-ZIP PENSACOLA FL 32514

TITLE T/D ☐ Delete  
NAME GOODEN, CONNIE  
STREET ADDRESS 3016 ASHBURN LANE  
CITY-ST-ZIP CANTONMENT FL 32533

TITLE D ☒ Delete  
NAME WILLIAMS, MADONNA  
STREET ADDRESS 7744 KIPLING ST  
CITY-ST-ZIP PENSACOLA FL 32514

TITLE D ☒ Delete  
NAME SMITH, RAYMOND  
STREET ADDRESS 7930 HILLBURN RD  
CITY-ST-ZIP PENSACOLA FL 32514

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D ☐ Change ☒ Addition  
NAME Alex Dumas  
STREET ADDRESS 730 Boulder Creek Drive  
CITY-ST-ZIP Pensacola, FL 32514

TITLE D ☐ Change ☒ Addition  
NAME Jerry Smith  
STREET ADDRESS 5285 Sterling Way  
CITY-ST-ZIP Pace, FL 32571

TITLE P ☐ Change ☒ Addition  
NAME LANA Beagles  
STREET ADDRESS 1611 Lansing Drive  
CITY-ST-ZIP Pensacola FL 32504

TITLE D ☐ Change ☒ Addition  
NAME Bill Scheller  
STREET ADDRESS 1160 Palasade Road  
CITY-ST-ZIP Pensacola, FL 32504

TITLE S/D ☒ Change ☐ Addition  
NAME MADONNA WILLIAMS  
STREET ADDRESS 7744 Kipling Street  
CITY-ST-ZIP Pensacola, FL 32514

TITLE D ☐ Change ☒ Addition  
NAME Thomas Hubble  
STREET ADDRESS 806 Bloodworth Lane  
CITY-ST-ZIP Pensacola, FL 32504

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Alex Dumas* Chairman  
Alex Dumas

4/25/06

854476-0529

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #