

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 25, 2007 8:00 am**  
**Secretary of State**

06-25-2007 90002 024 \*\*\*\*61.25

**DOCUMENT # N93000002430**

1. Entity Name  
FERRY PASS UNITED METHODIST CHURCH, INC.



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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05312007

Chg-NP

CR2E037 (12/06)

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 September 14, 2007**

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 DUMOS, ALEX  
STREET ADDRESS 730 BOULDER CREEK DRIVE  
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE D ☐ Delete  
NAME SMITH, JERRY  
STREET ADDRESS 5285 STERLING WAY  
CITY-ST-ZIP MILTON, FL 32571

TITLE D ☐ Delete  
NAME BEAGLES, LANA  
STREET ADDRESS 1611 LAHSING DR.  
CITY-ST-ZIP PENSACOLA, FL 32504

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

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

TITLE D ☐ Delete  
NAME SCHELLER, BILL  
STREET ADDRESS 1160 PALASADE RD  
CITY-ST-ZIP PENSACOLA, FL 32504

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Alex Damas* Alex DAMAS CHAIRMAN

Date

Daytime Phone #

6/3/07 850 476 0529