

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90296 010 *****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

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

Name **Mitchell, William Rodger**
Street Address (P.O. Box Number is Not Acceptable)
PO. Box 30589
3298 Summit Blvd.
City **PENSACOLA, FL** Zip Code **32503-1589**

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

William R Mitchell

William R Mitchell

4/23/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DC** ☐ Delete
NAME **CLARK, CHARLES E**
STREET ADDRESS **8246 RIDGEFIELD ROAD**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **DT** ☐ Delete
NAME **TURNER, JOHN**
STREET ADDRESS **1423 LEMHURST DRIVE**
CITY-ST-ZIP **PENSACOLA FL 32507**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **FRANCISCO, HERB**
STREET ADDRESS **3716 POMPANO DR.**
CITY-ST-ZIP **PENSACOLA, FL 32514**

TITLE **D** ☒ Change ☐ Addition
NAME **TURNER, JOHN**
STREET ADDRESS **1423 LEMHURST ROAD**
CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE **D** ☐ Change ☒ Addition
NAME **White, Betty**
STREET ADDRESS **8693 SCENIC HILLS DR.**
CITY-ST-ZIP **PENSACOLA, FL 32514**

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

TITLE ☐ Change ☒ Addition
NAME **RAY, RUTH**
STREET ADDRESS **6001 HILTOP ROAD**
CITY-ST-ZIP **PENSACOLA, FL 32504**

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 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: *Charles E. Clark, Sr.* **CHARLES E. CLARK, Sr.** *4/21/03* **850-474-3219**

CR2E037 (10/02)

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Attachment

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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip 32504		Country		4. FEI Number 59-3282863	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent MOORHEAD, STEPHEN R 4300 BAYOU BLVD SUITE 12 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 _____	
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 the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25		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 8248 RIDGEFIELD ROAD PENSACOLA FL 32514 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TURNER, JOHN 1423 LEMHURST DRIVE PENSACOLA FL 32507 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	
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	<input type="checkbox"/> Change	
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	<input type="checkbox"/> Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	

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