



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90027 005 \*\*\*\*61.25

<b>DOCUMENT # N93000004917</b>					
1. Entity Name ST. MARK UNITED METHODIST CHURCH-PENSACOLA, INC.					
Principal Place of Business 2203 N. 12TH AVENUE PENSACOLA, FL 32503		Mailing Address 2203 N. 12TH AVENUE PENSACOLA, FL 32503			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04032008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-0799919	
				Applied For 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	
CASTOR, JENNIFER 4554 SIMPSON STREET MILTON, FL 32583				Name <u>Bonner, Jennifer G.</u>	
				Street Address (P.O. Box Number is Not Acceptable)	
				<u>7012 Overman Street</u>	
				City <u>Pensacola</u> FL Zip Code <u>32503</u>	
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 <u>Jennifer G. Bonner</u>				DATE <u>4-3-08</u>	
Filing Fee is \$61.25 Due by May 1, 2008				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	SD	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZGERALD, DAVID		NAME	Hudleston, Geoff	
STREET ADDRESS	602 W. BLOUNT STREET		STREET ADDRESS	221 Northcliff	
CITY-ST-ZIP	PENSACOLA, FL 32501		CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITTMAN, DAVID		NAME		
STREET ADDRESS	3030 HIGHWAY 97		STREET ADDRESS		
CITY-ST-ZIP	MOLINO, FL 32577		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	Vice-Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COE, RAYMOND		NAME	Jernigan, Toby	
STREET ADDRESS	5605 RICHMOND COURT		STREET ADDRESS	1005 E. Brainerd street	
CITY-ST-ZIP	PACE, FL 32571		CITY-ST-ZIP	Pensacola, FL 32503	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Jennifer G. Bonner</u>				Date <u>4-3-08</u> Daytime Phone # <u>904-432-7777</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					