2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004917

FILED Apr 16, 2009 Secretary of State

Entity Name: ST. MARK UNITED METHODIST CHURCH-PENSACOLA, INC.

Current Principal Place of Business: New Principal Place of Business:

2203 N. 12TH AVENUE PENSACOLA, FL 32503

Current Mailing Address: New Mailing Address:

2203 N. 12TH AVENUE PENSACOLA, FL 32503

FEI Number: 59-0799919 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BONNER, JENNIFER G
7012 OVERMAN STREET
PENSACOLA, FL 32503 US
BONNER, JENNIFER G
2203 N. 12TH AVENUE
PENSACOLA, FL 32503 US

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.

SIGNATURE: JENNIFER G. BONNER 04/16/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: S () Delete Title: S (X) Change () Addition

 Name:
 HUDLESTON, GEOFF
 Name:
 CROOKE, BARBARA

 Address:
 221 NORTHCLIFF
 Address:
 615 GERHARDT STREET

 City-St-Zip:
 GULF BREEZE, FL 32561
 City-St-Zip:
 PENSACOLA, FL 32503

Title: PD () Delete Title: () Change () Addition

 Name:
 PITTMAN, DAVID
 Name:

 Address:
 3030 HIGHWAY 97
 Address:

 City-St-Zip:
 MOLINO, FL 32577
 City-St-Zip:

 $\label{eq:title: VC (X) Delete Title: VC (X) Change () Addition} \end{minipage}$

 Name:
 JERNIGAN, TOBY
 Name:
 SMITH, BILLY

 Address:
 1005 E. BRAINERD STREET
 Address:
 P.O. BOX 14

 City-St-Zip:
 PENSACOLA, FL 32503
 City-St-Zip:
 GONZALEZ, FL 32560

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER G. BONNER OM 04/16/2009