

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003988

FILED
Feb 22, 2005
Secretary of State

Entity Name: ENSLEY UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

25 E JOHNSON AVE
PENSACOLA, FL 32534

New Principal Place of Business:

Current Mailing Address:

25 E JOHNSON AVE
PENSACOLA, FL 32534

New Mailing Address:

FEI Number: 59-2358973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, DONALD
8395 BOWMAN AVE
PENSACOLA, FL 32534 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BUSH, EARL
Address: 9850 WANDA DRIVE
City-St-Zip: PENSACOLA, FL 325314

Title: VD () Delete
Name: GAUCHE, EUGENE
Address: 1647 CRYSTAL DRIVE
City-St-Zip: CANTONMENT, FL 32533

Title: SD () Delete
Name: GUNTER, WYNELL
Address: 1423 STARLIGHT DRIVE
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: HAHN, BILL
Address: 10 MASON LANE
City-St-Zip: PENSACOLA, FL 32505

Title: D () Delete
Name: RASNICK, CLYDE
Address: 8710 RAMBLE WOODS DR.
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: CROLEY, ELBERT
Address: 6052 PEMBROOKE STREET
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EARL E. BUSH

PD

02/22/2005

Electronic Signature of Signing Officer or Director

Date