

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90038 050 ****61.25

DOCUMENT # N97000003988

1. Entity Name
ENSLEY UNITED METHODIST CHURCH, INC.



Principal Place of Business
**25 E JOHNSON AVE
PENSACOLA, FL 32534**

Mailing Address
**PO BOX 7086
PENSACOLA, FL 32534**

40043740



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03092008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2358973

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SMITH, DONALD
19 EASTON STREET
CANTONMENT, FL 32533**

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 May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME BUSH, EARL
STREET ADDRESS 9850 WANDA DRIVE
CITY-ST-ZIP PENSACOLA, FL 325314

TITLE D ☐ Change ☒ Addition
NAME GREEN, KENNETH
STREET ADDRESS 9820 WANDA DRIVE
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE VD ☐ Delete
NAME GAUCHE, EUGENE
STREET ADDRESS 1647 CRYSTAL DRIVE
CITY-ST-ZIP CANTONMENT, FL 32533

TITLE D ☐ Change ☒ Addition
NAME ARD, FRANK
STREET ADDRESS 601 SALEM DRIVE
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE SD ☐ Delete
NAME GUNTER, WYNELL
STREET ADDRESS 1423 STARLIGHT DRIVE
CITY-ST-ZIP CANTONMENT, FL 32533

TITLE D ☐ Change ☒ Addition
NAME ENMERT, JOHN
STREET ADDRESS 9019 CAMELOT PLACE
CITY-ST-ZIP PENSACOLA, FL 32534

TITLE D ☒ Delete
NAME HAHN, BILL
STREET ADDRESS 10 MASON LANE
CITY-ST-ZIP PENSACOLA, FL 32505

TITLE D ☐ Change ☒ Addition
NAME ZITTEL, WALTER
STREET ADDRESS 901 FLEMING DRIVE
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE D ☒ Delete
NAME TRACY, GLADYS
STREET ADDRESS 8910 UNTREINER AVE
CITY-ST-ZIP PENSACOLA, FL 32534

TITLE D ☐ Change ☒ Addition
NAME BUTLER, LOIS
STREET ADDRESS PO BOX 15184
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE D ☐ Delete
NAME CROLEY, ELBERT
STREET ADDRESS 6052 PEMBROOKE STREET
CITY-ST-ZIP PENSACOLA, FL 32503

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:

Eugene P. Gache

Eugene P. Gache 03-10-08 8509680726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #