

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

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90193 013 ****61.25

DOCUMENT # *N97000003988*

1. Entity Name

ENSLEY UNITED METHODIST CHURCH



DO NOT WRITE IN THIS SPACE

90028988

2. Principal Place of Business
25 E. JOHNSON AVE

3. Mailing Address
25 E JOHNSON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PENSACOLA, FL

City & State
PENSACOLA, FL

4. FEI Number
592358973

Applied For
Not Applicable

Zip
32534

Country
ESCAMBIA

Zip
32534

Country
ESCAMBIA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name SMITH, DONALD

Street Address (P.O. Box Number is Not Acceptable)

8395 BOWMAN AVE

City PENSACOLA

FL

Zip Code
32534

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

FEE IS \$61.25
Initial or Amended UBR

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
NAME GAUCHE, EUGENE *PD*
STREET ADDRESS 1647 CRYSTAL DR
CITY-ST-ZIP CANTONMENT, FL 32533

TITLE
NAME BUSH, ERIC *VD*
STREET ADDRESS 173 OVERLOOK DR
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE
NAME SMITH, LOIS *STD*
STREET ADDRESS 10383 COVE AVE
CITY-ST-ZIP PENSACOLA, FL 32534

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

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

TITLE
NAME RASNICK, CLYDE *D*
STREET ADDRESS 8710 RAMBLE WOODS DR
CITY-ST-ZIP PENSACOLA, FL 32514

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: EUGENE GAUCHE
Eugene P. Gauche

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-03

Date

850 968 0726

Daytime Phone #

CR2ED37B (12/02)

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