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

DOCUMENT # N9700003988

ENSLEY UNITED METHODIST CHURCH



FILED Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90193 013 ****61.25

		L		60 FT 17				
	DO NOT WRITE	IN THIS SE	PAC	E	9002898	8		
	Place of Business	3. Mailing Address						
25 E. JOHNSON AVE Suite, Apr. #. etc.		25 E JOHNSON AVE Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State PENSACOLA, FL		City & State PENSACOLA, FL			4. FEI Number 592358973 Applied F			
32534	Country ESCAMBIA	32534		AMBIA	5. Cerimicate or Status Desired 5	8.75 Additional see Required		
					7. Name and Address of Current Registered A	Agent		
or or other	T DO NOT W			Name SMITH, DONALD				
				Street Address (I	P.O. Box Number is Not Acceptable)			
	IN THIS SP	ACE		8395 BOWN	AAN AVE			
				City PENSAG	COLA FL	Zip Code 32534		
	named entity submits this statement for lions of registered agent.	the purpose of changing its	registere	ed office or registere	ed agent, or both, in the state of Florida. I am fam	niliar with, and accept		
me dongar	lions of registered agent.							
SIGNATURE .					,			
ORGINATURE A	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	Registere	d Agent signature required	when reinstating) DATE			
	FEE IS \$61.25 Initial or Amended UBR	9. Election Carr Trust Fund C			\$5.00 May Be Added to Fees Make Check Florida Departn	TO THE THE PROPERTY OF THE PRO		
10.	OFFICERS AND DIR							
TITLE NAME	GAUCHE, EUGENE ρ		HAM	文学工业学 。第1590		202		
STREET ADDRESS	1647 CRÝSTAL		51074.455	ET ACCHESS		9		
CITY-ST-ZIP	CANTONMENT, F		200000	S1-2iP		2		
TITLE NAME	BUSH, ERIC		TITLE NAM	Property of Chicago, and		50		
STREET ADDRESS	173 OVERLOOK		100000	et adoress				
CITY-ST-ZIP	PENSACOLA, F	2 3 2 3 6 3	ر در دولون در در دولون در	ST-ZIP				
TITLE NAME	SMITH, LOIS		TITLE NAME	(C-120) 32 h 32 h 32 h 32				
STREET ADDRESS	10383 COVE A	VE	1.5	et address 1955	DO NOT WRIT			
City-ST-7IP	PENSACOLA, F	-1 32339	CHY	ST-ZP	DO NOT WANT			
TITLE NAME	HAHN, BILL	_	NAM		IN THIS SPAC	E		
STREET ADDRESS	10 MASON LAN	E 20 T. C	1.00	ET ADDRESS				
CITY-ST-ZIP	PENSACOLA F	2 32303	77,000,000	SI-AP				
TITLE NAME			TITUE					
Omizzi / abbireno	8910 UNTREIN		1. S. C.	et address				
CITY-ST-ZIP	PENSACOLA, F.	L 32337	5 - 5 - 5	ST-ZIP				
TITLE NAME			NAM	2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2				
STREET ADDRESS	8710 RAMBLE W	100 US UR	Mark St.	ET AL) DRESS				
CITY-ST-ZIP ,	PENSACOLA, F			ST-ZIR	110 07/3/0 Code Code	that the inference		
indicated	on this report or supplemental report is	ins liling does not quality for true and accurate and that m	v signat	mption stated in Sec ure shall have the st	ction 119.07(3)(i), Florida Statutes. I further certify ame legal effect as if made under oath; that I am	an officer or director		

of the corporation or the receiver or trustee empowered attachment with an address, with all other like empowered.

EUGENE GAUCHE

SIGNATURE:

2-10-03

8509680726

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

1. Entity I	SUMENT # SLEY UNITED METHO		`					
2. Princip	DO NOT WRI	TE IN THIS S	PAC	E		90028	3988	
Suite, Apt. #, etc. Suite, Apt. #, etc.				<u></u>	DO NOT WRITE IN THIS SPACE			
City & S	State	City & State	City & State		4. FEI Number 592358973 Applied For			
Zip Country		Zīp (ntry	5. Certificate of S		Not Applicable \$8.75 Additional	
				Name		ress of Current Registe	Fee Required	
	DO NOT	WRITE	A-+0.51	Street Address (P.O. Box Number is Not Acceptable)				
	IN THIS SPACE					- indepitable)		
		and the second		City		F	Zip Code	
SIGNATURE	ve named entity submits this stateme ations of registered agent. Signature, typed or printed name of registered agent. FEE-IS \$61.25 Initial: or Amended UBR		E: Registered	Agent alignsture required w		DATE		
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PENSACOLA, KASSAHN, JUNE 154 MIRABEZ PENSACOLA,	D 00KE ST FL 32503 D 1E CIR FL 32514	OTY STATE OF STREET A	ADDRESS - S - S - S - S - S - S - S - S - S	IN T	NOT WRI	JE .	
indicated of the corpattachmen	URE: _& PSo	powered to execute this report a suppowered. Lo-	ts required	on stated in Section shall have the same of the same o	forida Statutes; an	d that my name appears	fy that the information man officer or director in Block 10 or on an	
	SAUMATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER OR	DIRECTOR		Da	-	dime Phone #	