2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 08:00 AM
Secretary of State

DOCUMENT # **N98000003804**

1. Entity Name
ALLEN MEMORIAL UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
208 PACE PARKWAY	208 PACE PARKWAY
CANTONMENT FL	CANTONMENT FL
325331228	325331228

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number **59-3429897** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BAILEY ROBERT J
208 PACE PARKWAY
CANTONMENT FL
325331228 US

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ **01/31/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	☐ Delete		TITLE	D	☒ Change	☐ Addition
NAME	ENGLAND CATHY			NAME	BARROW ELAINE		
STREET ADDRESS	806 COULTER AVENUE			STREET ADDRESS	920 SHADOW RIDGE		
CITY-ST-ZIP	CANTONMENT	FL	32533	CITY-ST-ZIP	PENSACOLA	FL	32514
TITLE	DV	☐ Delete		TITLE	V	☒ Change	☐ Addition
NAME	PICKENS DIANNE			NAME	PICKENS DIANNE		
STREET ADDRESS	109 HARVEST HILL DR			STREET ADDRESS	109 HARVEST HILL DR		
CITY-ST-ZIP	CANTONMENT	FL	32533	CITY-ST-ZIP	CANTONMENT	FL	32533
TITLE	S	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	WILSON ANN			NAME			
STREET ADDRESS	2469 CHANCE ROAD			STREET ADDRESS			
CITY-ST-ZIP	MOLINO	FL	32577	CITY-ST-ZIP			
TITLE	T	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	CAMPBELL KAYE			NAME			
STREET ADDRESS	1876 CHAVERS ROAD			STREET ADDRESS			
CITY-ST-ZIP	CANTONMENT	FL	32533	CITY-ST-ZIP			
TITLE	P	☐ Delete		TITLE	D	☒ Change	☐ Addition
NAME	ARHOOR SAM			NAME	HAMILTON BILL		
STREET ADDRESS	1024 PINETOP			STREET ADDRESS	1617 COLWYN DRIVE		
CITY-ST-ZIP	CANTONMENT	FL	32533	CITY-ST-ZIP	CANTONMENT	FL	32533
TITLE	P	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	WILSON PETE			NAME			
STREET ADDRESS	2469 CHANCE RD			STREET ADDRESS			
CITY-ST-ZIP	MOLINO	FL	32577	CITY-ST-ZIP			

CR2E037 (11/00)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETE WILSON P 01/31/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #