# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 25, 2005 8:00 am**
**Secretary of State**
01-25-2005 90050 002 ****61.25

50006049

DOCUMENT # N98000003804

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

| Principal Place of Business | Mailing Address |
|---|---|
| 206 PACE PKWY.<br>CANTONMENT, FL 32533 | 206 PACE PKWY.<br>CANTONMENT, FL 32533 |

01202005 Chg-NP CR2E037 (10/03)

| 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**

PIPPIN, CAROLE
4479 CHESTNUT RD.
MOLINO, FL 32577

**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. 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, 2005**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | TC<br>WILSON, PETE<br>2469 CHANCE RD.<br>MOLINO, FL 32577 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>Kelly, Valerie<br>4483 Chestnut Rd<br>Molino FL 32577 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TV<br>LACY, BRANDSTON<br>1032 PINETOP #4<br>CANTONMENT, FL 32533 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>Norton, Jennie<br>102 Woodland Avenue<br>Cantonment FL 32533 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TS<br>PIPPIN, CAROLE<br>4479 CHESTNUT RD<br>MOLINO, FL 32577 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>Williamson, Marcus<br>1996 Chavers Rd<br>Cantonment FL 32533 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>BLEDSOE, ROBERT<br>311 PARK LAKE<br>CANTONMENT, FL 32533 | ■ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>BLEDSOE, JOHN<br>6241 HWY 97<br>MC DAVID, FL 32568 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>O'NEILL, BRYAN<br>4397 W AVENIDA DEGOLF<br>MILTON, FL 32571 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |

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:** Brandston Lacy Brandston Lacy 01-20-05 850-968-6213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #