

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90477 020 \*\*\*\*61.25

**DOCUMENT # N98000003804**

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



Principal Place of Business  
**206 PACE PKWY.  
CANTONMENT, FL 32533**

Mailing Address  
**206 PACE PKWY.  
CANTONMENT, FL 32533**

00017031



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04182006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-3429897**

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

**PIPPIN, CAROLE  
4479 CHESTNUT RD.  
MOLINO, FL 32577**

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

*Carole Pippin*  
Signature, typed or printed name of registered agent and title if applicable.

*Carole Pippin*  
(NOTE: Registered Agent signature required when reinstating)

*4/25/06*  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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 TC ☒ Delete  
NAME WILSON, PETE  
STREET ADDRESS 2469 CHANCE RD.  
CITY-ST-ZIP MOLINO, FL 32577

TITLE TC ☒ Change ☐ Addition  
NAME Valerie Kelly  
STREET ADDRESS 4483 Chestnut Rd  
CITY-ST-ZIP Molino, FL 32577

TITLE TV ☒ Delete  
NAME LACY, BRANDSTON  
STREET ADDRESS 1032 PINETOP #4  
CITY-ST-ZIP CANTONMENT, FL 32533

TITLE TV ☐ Change ☒ Addition  
NAME Dianne Pickens  
STREET ADDRESS 109 Harvest Hill Dr  
CITY-ST-ZIP Cantonment, FL 32533

TITLE TS ☐ Delete  
NAME PIPPIN, CAROLE  
STREET ADDRESS 4479 CHESTNUT RD  
CITY-ST-ZIP MOLINO, FL 32577

TITLE T ☐ Change ☒ Addition  
NAME Marlon H. Crockett  
STREET ADDRESS 2010 Chavers Rd  
CITY-ST-ZIP Cantonment, FL 32533

TITLE T ☐ Delete  
NAME KELLY, VALERIE  
STREET ADDRESS 4483 CHESTNUT ROAD  
CITY-ST-ZIP MOLINO, FL 32577

TITLE T ☐ Change ☒ Addition  
NAME Marcus Williamson  
STREET ADDRESS 1996 Chavers Rd  
CITY-ST-ZIP Cantonment, FL 32533

TITLE T ☐ Delete  
NAME BLEDSOE, JOHN  
STREET ADDRESS 6241 HWY 97  
CITY-ST-ZIP MC DAVID, FL 32568

TITLE T ☐ Change ☒ Addition  
NAME Jennie Norton  
STREET ADDRESS 102 Woodland Ave  
CITY-ST-ZIP Cantonment, FL 32533

TITLE T ☒ Delete  
NAME O'NEILL, BRYAN  
STREET ADDRESS 4397 W AVENIDA DEGOLF  
CITY-ST-ZIP MILTON, FL 32571

TITLE T ☐ Change ☒ Addition  
NAME Tommy Nall  
STREET ADDRESS 103 Magnolia Ave  
CITY-ST-ZIP Cantonment, FL 32533

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:**

*Valerie Kelly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/26/06*  
Date

Daytime Phone #