

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003804

FILED  
Jan 28, 2012  
Secretary of State

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

**Current Principal Place of Business:**

206 PACE PKWY.  
CANTONMENT, FL 32533

**New Principal Place of Business:**

**Current Mailing Address:**

206 PACE PKWY.  
CANTONMENT, FL 32533

**New Mailing Address:**

**FEI Number:** 59-3429897

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TC  
Name: HAMILTON, BILL  
Address: 1617 COLWYN DRIVE  
City-St-Zip: CANTONMENT, FL 32533

Title: TV  
Name: CROCKETT, AL  
Address: 1958 CHAVERS ROAD  
City-St-Zip: CANTONMENT, FL 32533

Title: TS  
Name: PIPPIN, CAROLE  
Address: 4479 CHESTNUT RD  
City-St-Zip: MOLINO, FL 32577

Title: T  
Name: KELLY, JIMMY  
Address: 4483 CHESTNUT ROAD  
City-St-Zip: MOLINO, FL 32577

Title: T  
Name: NALL, TOMMY  
Address: 103 MAGNOLIA AVE  
City-St-Zip: CANTONMENT, FL 32533

Title: T  
Name: MCKIM, LYNN  
Address: 3500 CRABTREE CHURCH RD.  
City-St-Zip: MOLINO, FL 32577

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RUSSELL SPARKS

TREA

01/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date