

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90239 021 ****61.25

DOCUMENT # N98000003804

1. Entity Name

ALLEN MEMORIAL UNITED METHODIST CHURCH, INC.



Principal Place of Business

**208 PACE PARKWAY
CANTONMENT FL 32533-1228**

Mailing Address

**208 PACE PARKWAY
CANTONMENT FL 32533-1228**

(CHANGE MAILING ADDRESS TO!)

2. Principal Place of Business

3. Mailing Address

208 PACE PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BAILEY, ROBERT J
208 PACE PARKWAY
CANTONMENT FL 32533-1228**

7. Name and Address of New Registered Agent

Name **CAROLE PIPPIN**
Street Address (P.O. Box Number is Not Acceptable)

4479 CHESTNUT ROAD

City **MOLINO** FL Zip Code **32577**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/9/03

FILE NOW: FEE IS \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LACY, FRED 1032 PINETOP #4 CANTONMENT FL 32533	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTON, KIP 102 WOODLAND CANTONMENT-FL 32533	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAMPBELL, KAYE 1876 CHAVERS ROAD CANTONMENT FL 32533	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILSON, ANN 2469 CHANCE ROAD MOLINO FL 32577	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCKIM, LYNN 102 MAPLE CANTONMENT FL 32533	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARROW, ELAINE 920 SHADOW RIDGE PENSACOLA FL 32514	☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/C JAMES H. KELLY 4483 CHESTNUT ROAD MOLINO, FL 32577	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/V PETE WILSON 2469 CHANCE ROAD MOLINO, FL 32577	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/K CAROLE PIPPIN 4479 CHESTNUT ROAD MOLINO, FL 32577	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERT BLEDSOE 311 PARK LANE CANTONMENT, FL 32533	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEBBIE SELF 920 PINEY LANE CANTONMENT, FL 32533	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRYAN O'NEILL 4336 PACE LANE PACE, FL 32571	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

Debbie Self

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/03 *968-4596*

Date Daytime Phone #

CR2E037 (10/02)