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

DOCUMENT # **N98000003804**

1. Entity Name

CANTONMENT FL 32533-1228

ALLEN MEMORIAL UNITED METHODIST CHURCH, INC.



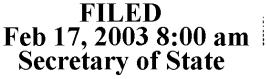
Principal Place of Business

208 PACE PARKWAY

Mailing Address

208 PACE PARKWAY

CANTONMENT FL 32533-1228



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



•		3. Mailing Address 206 Pace R			A TOURINDA DID CORD LOCAL BOOK BOKIN BOKIN CORN CORN BOLDS INDEX HORS BOKIN CORN		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
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	
6Name and Address of Current Registered Agent				Name and Address of New Registered Agent			
BAILEY, ROBERT J 208 PACE PARKWAY CANTONMENT FL 32533-1228			City	Street Address (P.O. Box Number is Not Acceptable) 4479 CHESTNUT ROAD			
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							
FILE NOW: FEE IS \$61.25 9. Election Campaign Fina Trust Fund Contribution.				\$5.00 May Be Added to Fees		ck Payable to artiment of State	
10.	OFFICERS AND DIRECTORS 11.		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			

TITLE **S** Delete TITLE Change ☐ Addition LACY, FRED JAMES H. KELL NAME NAME 4483 CHESTHICT ROAD STREET ADDRESS 1032 PINETOP #4 STREET ADDRESS CANTONMENT FL 32533 CITY-ST-ZIP CITY-ST-ZIP MOLINO, FL 32577 TITLE Delete TITLE てい Change ☐ Addition NORTON, KIP NAME NAME PETE WILSON 102 WOODLAND Z469 CHANCEROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CANTONMENT-FL 32533 CITY-ST-ZIP-بالمارات بعجوي MOLINO FE 32577 **X** Delete TITLE Change ☐ Addition C'AROLE PIPPIN CAMPBELL, KAYE NAME NAME 4479 CHESTHUT ROAD STREET ADDRESS 1876 CHAVERS ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CANTONMENT FL 32533 <u> MOLINO, FL 32577</u> TITLE **X** Delete TITI F **E**rlange ☐ Addition NAME WILSON, ANN NAME ROBERT BLEDSOE STREET ADDRESS 2469 CHANCE ROAD STREET ADDRESS 311 PARK LANE CITY-ST-ZIP CITY-ST-ZIP MOLINO FL 32577 ANTONMENT FL 3253 Delete TITLE TITLE Change ☐ Addition DEBBIESELF MCKIM, LYNN NAME NAME STREET ADDRESS STREET ADDRESS 102 MAPLE 820 PINEY LANE CITY-ST-ZIP CITY-ST-ZIP CANTONMENT FL 32533 ANTONMENT, FL 3253 TITLE Delete TITLE Change ☐ Addition BRUAN O'HEILL NAME BARROW, ELAINE NAME STREET ADDRESS 920 SHADOW RIDGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32514

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:

968-4596