

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011895

Entity Name: GONZALEZ UNITED METHODIST CHURCH, INC.**Current Principal Place of Business:**2026 PAULINE STREET
CANTONMENT, FL 32533**Current Mailing Address:**P.O. BOX 38
GONZALEZ, FL 32560 US**FEI Number:** 59-1174432**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REEVES, JAMES J
730 BAYFRONT PARKWAY, STE. 4B
PENSACOLA, FL 32502 US*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**Officer/Director Detail :**

Title	TREASURER
Name	CRIBBS, PAMELA
Address	732 RIDGE RD.
City-State-Zip:	PENSACOLA FL 32514

Title	TRUSTEE
Name	HOWARD, HUBERT
Address	1435 JENNINGS STREET
City-State-Zip:	CANTONMENT FL 32533

Title	TRUSTEE
Name	JAMES, IRENE
Address	321 W MICHIGAN AVE
City-State-Zip:	PENSACOLA FL 32505

Title	TRUSTEE
Name	BOYD, WILLIAM
Address	2469 TATE RD
City-State-Zip:	CANTONMENT FL 32533

Title	TRUSTEE
Name	TERRY, GREG
Address	1741 KINGS WAY DR.
City-State-Zip:	CASNTONMENT FL 32533

Title	SECRETARY
Name	COLLINS, SHARON
Address	11526 THOUSAND OAKS DR.
City-State-Zip:	PENSACOLA FL 32514

Title	TRUSTEE
Name	MCRAE, SAMUEL
Address	619 EL CAMINO DR.
City-State-Zip:	CANTONMENT FL 32533

Title	CHAIRMAN
Name	MOTTLEY, LARMIN DELMORE
Address	654 RAY ST
City-State-Zip:	PENSACOLA FL 32534

Continues on page 2

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: LARMIN DELMORE MOTTLEY**CHAIRMAN OF TRUSTEES** 04/07/2017_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title TRUSTEE
Name BROWER, ROLAND
Address 1610 BUCKHEAD TRACE
City-State-Zip: CANTONMENT FL 32533

Title TRUSTEE
Name BELL, JIMMY
Address 2026 PAULINE STREET
City-State-Zip: CANTONMENT FL 32533