2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2015
Secretary of State
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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	PRESIDENT
Name	SHARPLESS, OSMOND CHARLES
Address	610 EL CAMINO DR
City-State-Zip:	CANTONMENT FL 32533

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

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

Title	TRUSTEE
Name	TYLER, JIMMY
Address	1099 W TEN MILE RD
City-State-Zip:	CANTONMENT FL 32533

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

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

Title	TRUSTEE
Name	WARREN, J. P.
Address	2381 BROOK PARK RD.
City-State-Zip:	PENSACOLA FL 32534

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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: OSMOND C. SHARPLESS PRESIDENT 04/24/2015

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

Title	TRUSTEE
Name	BRASCH, RANDY
Address	2111 SQUIRE DR.
City-State-Zip:	CANTONMENT FL 32533