

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000011544

**Entity Name:** GONZALEZ METHODIST CHILD ENRICHMENT CENTER, INC.

**Current Principal Place of Business:**

2026 PAULINE ST.  
CANTONMENT, FL 32533

**Current Mailing Address:**

P. O. BOX 38  
GONZALEZ, FL 32560

**FEI Number: 56-2496917**

**Certificate of Status Desired: No**

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

HICKS, TAMELA D  
2026 PAULINE ST.  
CANTONMENT, FL 32533 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            D  
Name            ANTHONY, LIBBY  
Address        P. O. BOX 134  
City-State-Zip: GONZALEZ FL 32560

Title            D  
Name            FILLINGIM, ANNE  
Address        4121 HIGHWAY 196  
City-State-Zip: MOLINO FL 32577

Title            DIRECTOR  
Name            TERRY, GREG  
Address        1741 KINGS WAY DRIVE  
City-State-Zip: CANTONMENT FL 32533

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

*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: LIBBY ANTHONY**

**DIRECTOR**

**02/06/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date