2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2024
Secretary of State
8417802614CC

DOCUMENT# N98000003804

Entity Name: ALLEN MEMORIAL METHODIST CHURCH, INC.

Current Principal Place of Business:

206 PACE PKWY.
CANTONMENT, FL 32533

Current Mailing Address:

206 PACE PKWY.
CANTONMENT, FL 32533 US

FEI Number: 59-3429897

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SELF, DEBBIE
820 PINEY LN
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: DEBBIE SELF 02/19/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TRUSTEE
Name	KELLY, JIMMY
Address	4483 CHESTNUT ROAD
City-State-Zip:	MOLINO FL 32577

Title	TRUSTEE
Name	ENGLAND, CATHY
Address	806 COULTER AVE
City-State-Zip:	CANTONMENT FL 32533

Title	TRUSTEE CHAIR
Name	WRIGHT, JOE
Address	16 W GONZALEZ ST
City-State-Zip:	PENSACOLA FL 32501

Title	TRUSTEE
Name	DUMAS, ALEX
Address	730 BOULDER CREEK DRIVE
City-State-Zip:	PENSACOLA FL 32534

Title	TREASURER, PRESIDENT
Name	SPARKS, RUSSELL A
Address	10992 COUNTRY OSTRICH DRIVE
City-State-Zip:	PENSACOLA FL 32534

Title	TRUSTEE, SECRETARY
Name	SPARKS, SHERRY
Address	10992 COUNTRY OSTRICH DRIVE
City-State-Zip:	PENSACOLA FL 32534

Title	VP
Name	NORTON, JENNIE
Address	102 WOODLAND AVE
City-State-Zip:	CANTONMENT FL 32533

Title	TRUSTEE
Name	PICKENS, DIANE
Address	109 HARVEST HILL DRIVE
City-State-Zip:	CANTONMENT FL 32533

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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: RUSSELL A SPARKS TREASURER 02/19/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	TRUSTEE
Name	SELF, DEBBIE
Address	820 PINEY LANE
City-State-Zip:	CANTONMENT FL 32533

Title	TRUSTEE
Name	DON, CAULDER
Address	1880 CHAVERS RD
City-State-Zip:	CANTONMENT FL 32533

Title	TRUSTEE
Name	CAMPBELL, CHARLES
Address	1876 CHAVERS RD
City-State-Zip:	CANTONMENT FL 32533