

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000004961

**FILED**  
**Jan 12, 2018**  
**Secretary of State**  
**CC3337579545**

**Entity Name:** THE DISTRICT BOARD OF TRUSTEES OF THE PENSACOLA DISTRICT OF THE ALABAMA - WEST FLORIDA CONFERENCE OF THE UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business:**

901 EAST GADSDEN STREET  
PENSACOLA, FL 32501

**Current Mailing Address:**

POST OFFICE BOX 2727  
PENSACOLA, FL 32513-2727

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: Yes**

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

ANCHORS, C. LEDON  
909 MAR WALT DR., STE. 1014  
FT. WALTON BEACH FL 32547 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 PD  
Name ANCHORS, C. LEDON  
Address 909 MAR WALT DRIVE, STE 1014  
City-State-Zip: FT WALTON BEACH FL 32547

Title VD  
Name MCINNIS, C. JEFFREY  
Address 909 MAR WALT DRIVE, STE 1014  
City-State-Zip: FT. WALTON BEACH FL 32547

*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: C. LEDON ANCHORS**

**PRESIDENT**

**01/12/2018**

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

\_\_\_\_\_  
Date