

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90074 008 \*\*\*\*61.25

**DOCUMENT # 701117**

1. Entity Name

**EAST BRENT BAPTIST CHURCH, INC.**

Principal Place of Business

Mailing Address

**4801 NORTH DAVIS HIGHWAY  
 PENSACOLA FL 32503**

**4801 NORTH DAVIS HIGHWAY  
 PENSACOLA FL 32503-2342**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1159490**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATTERSON, DR A DALE  
 4801 NO DAVIS HIGHWAY  
 PENSACOLA FL 32503**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S**  Delete  
 NAME **COOEY, DALE**  
 STREET ADDRESS **3022 RAINES ST**  
 CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPD**  Delete  
 NAME **VALLIA, GENE**  
 STREET ADDRESS **536 NEWITT ST**  
 CITY-ST-ZIP **PENSACOLA FL**

TITLE **VPD**  Change  Addition  
 NAME **Bradshaw, George**  
 STREET ADDRESS **8500 Belle Meadow Blvd.**  
 CITY-ST-ZIP **Pensacola, FL 32514-5967**

TITLE **PD**  Delete  
 NAME **VAN MATRE, GEORGE**  
 STREET ADDRESS **405 YORK ST**  
 CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **PATTERSON, A. DALE DR.**  
 STREET ADDRESS **9625 PICKWOOD DR.**  
 CITY-ST-ZIP **PENSACOLA FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **BA**  Change  Addition  
 NAME **wright, Timothy**  
 STREET ADDRESS **7657 Charter Oaks Dr.**  
 CITY-ST-ZIP **Pensacola, FL 32514-6277**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**TIMOTHY A. WRIGHT** **4-19-00**

Daytime Phone #

**850 477-5812**

CR2E037 (9/99)