

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 08:00 AM
Secretary of State

DOCUMENT # 701117

1. Entity Name
EAST BRENT BAPTIST CHURCH, INC.

| | |
|---|---|
| Principal Place of Business 4801 NORTH DAVIS HIGHWAY PENSACOLA FL 32503 | Mailing Address 4801 NORTH DAVIS HIGHWAY PENSACOLA FL 32503 |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State | 3. Mailing Address Suite, Apt. #, etc. City & State |
|---|---|

4. FEI Number
59-1159490

| | |
|----------------|-------------------------------------|
| Applied For | <input type="checkbox"/> |
| Not Applicable | <input checked="" type="checkbox"/> |

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PATTERSON, DR A DALE
4801 NO DAVIS HIGHWAY

PENSACOLA FL 32503 US

7. Name and Address of New Registered Agent

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 **DR A DALE PATTERSON** **01/30/2001**
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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BA WRIGHT TIMOTHY 7657 CHARTER OAKS DR PENSACOLA FL 325146277 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PATTERSON, A. DALE DR. 9625 PICKWOOD DR. PENSACOLA FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD VAN MATRE GEORGE 405 YORK ST GULF BREEZE FL 32561 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD BRADSHAW GEORGE 8562 BELLE MEADOW BLVD PENSACOLA FL 325145967 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S COOEY DALE 3022 RAINES ST PENSACOLA FL 32514 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition D PATTERSON DALE 9625 PICKWOOD DR. PENSACOLA FL 32514 <input checked="" type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition VPD SMITH DON 3112 BRITTANT TERRACE PENSACOLA FL 32504 <input checked="" type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S HAND MIKE 5642 SANDSTONE DR MILTON FL 32571 <input checked="" type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **TIMOTHY WRIGHT** BA **01/30/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)