

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90156 007 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 701117
 1. Entity Name
EAST BRENT BAPTIST CHURCH, INC.

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

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 Applied For
59-1159490 Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

After September 13, 2002, min. will be \$236.25.

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	S HAND, MIKE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5642 SANDSTONE DR	
CITY-ST-ZIP	MILTON FL 32571	
TITLE NAME	VPD SMITH, DON	<input type="checkbox"/> Delete
STREET ADDRESS	3112 BRITTANT TERRACE	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE NAME	PD VAN MATRE, GEORGE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	405 YORK ST	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE NAME	D PATTERSON, DALE	<input type="checkbox"/> Delete
STREET ADDRESS	9625 PICKWOOD DR.	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE NAME	BA WRIGHT, TIMOTHY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7657 CHARTER OAKS DR	
CITY-ST-ZIP	PENSACOLA FL 32514-6277	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	S Renfroe, Mark	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5417 Rowe Trl	
CITY-ST-ZIP	Milton, FL 32571	
TITLE NAME	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VPD Cooley, Dale	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3022 RAINES ST	
CITY-ST-ZIP	Pensacola, FL 32514	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	BA Davis, Terrell	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	705 Jamestown Dr	
CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Dale Patterson* Dale Patterson 7/10/02 850-477-5819

CR2E037 (4/02)