

2001 UNIFORM BUSINESS REPORT (UBR)

3/5

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-09-2001 90486 050 ****61.25

DOCUMENT # 717119

1. Entity Name

WEST PENSACOLA BAPTIST CHURCH, INC.

Principal Place of Business

5213 W. JACKSON ST.
PENSACOLA FLA 32506
US

Mailing Address

5213 W. JACKSON ST.
PENSACOLA FL 32506-5330
US

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

59-1495203

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

MARKHAM, RANDALL G SR
13430 VALERIE DRIVE
PENSACOLA FL 32507

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

TITLE	SD	☐ Delete
NAME	KING, VIRGINIA	
STREET ADDRESS	7446 KLONDIKE RD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	☐ Delete
NAME	TAYLOR, EDDIE	
STREET ADDRESS	7048 GLENDORA ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	OT	☐ Delete
NAME	LEWIS, GARY	
STREET ADDRESS	223 TOPAZ ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DC	☐ Delete
NAME	MARKHAM, RANDY	
STREET ADDRESS	7225 W FAIRFIELD DR APT E6	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PASTOR	☐ Change ☒ Addition
NAME	REV. WARREN L. GILPIN	
STREET ADDRESS	306 TEAKWOOD CIR.	
CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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)(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:

SIGNATURE REQUIRED

Warren L. Gilpin

3-20-2001 (850) 455-6077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)