# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 14, 2000 8:00 am**
**Secretary of State**
04-14-2000 90072 042 ****61.25

DOCUMENT # 727759

1. Entity Name

THE GREATER EMMANUEL HOLINESS APOSTOLIC FAITH CH

| Principal Place of Business | Mailing Address |
|---|---|
| 3420 W JOHN ST<br>PENSACOLA FL 32505 | 3420 W JOHN ST<br>PENSACOLA FL 32505-4918 |

DO NOT WRITE IN THIS SPACE

| 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 59-1975008 ☐ 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 |
|---|---|
| DURANT TOMMIE L.<br>22 FLYNN DRIVE<br>WARRINGTON FL 32507 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 Tommie L Durant 4-5-00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WALKER, JAMES<br>7880 HERRINGTON DRIVE<br>PENSACOLA, FL 00000 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>DURANT, MINNIE L<br>1230 WEST LLOYD STREET<br>PENSACOLA, FL 00000 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FIELDS, CHARLES<br>RT 3,BOX 194 L2 RONDA ST<br>PENSACOLA, FL 00000 | ☒ Delete | D<br>McCASTLE LOUISE<br>1238 LANCER DR.<br>PENSACOLA, FL 32534 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>WALKER, SHIRLEY<br>7880 HERRINGTON DRIVE<br>PENSACOLA, FL 00000 | ☒ Delete | D<br>WALKER, SHIRLEY<br>7880 HERRINGTON DRIVE<br>PENSACOLA, FL 00000 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DURANT, TOMMIE L<br>22 FLYNN DRIVE<br>WARRINGTON, FL 00000 | ☒ Delete | V<br>DURANT, TOMMIE L<br>22 FLYNN DRIVE<br>WARRINGTON, FL 00000 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>DURANT, CARRIE<br>22 FLYNN DRIVE<br>PENSACOLA, FL 00000 | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (9/99)

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: Minnie L Durant (456-8761)(850) 4-5-2000 434-5105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #