

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727759

1. Entity Name :

THE GREATER EMMANUEL HOLINESS APOSTOLIC FAITH CH
URCH OF ESCAMBIA COUNTY FLORIDA, INC.

Mailing Address

3420 W JOHN ST
PENSACOLA FL 32505

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Country

59-1975008

Applied For	
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Not Applicable

☐ **\$8.75** Additional Fee Required

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Delete
NAME	WALKER, JAMES	
STREET ADDRESS	7880 HERRINGTON DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 00000	

TITLE	PD	☐ Delete
NAME	DURANT, MINNIE L	
STREET ADDRESS	1230 WEST LLOYD STREET	
CITY - ST - ZIP	PENSACOLA, FL 00000	

TITLE	D/	☐ Delete
NAME	MCCASTLE, LOUISE	
STREET ADDRESS	1238 LANCER DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32534	

TITLE	D	☐ Delete
NAME	WALKER, SHIRLEY	
STREET ADDRESS	7880 HERRINGTON DRIVE	
CITY-ST-ZIP	PENSACOLA FL	

TITLE	VV	☐ Delete
NAME	DURANT, TOMMIE L	
STREET ADDRESS	22 FLYNN DRIVE	
CITY - ST - ZIP	WARRINGTON FL	

TITLE	SV	☐ Delete
NAME	DURANT, CARRIE	
STREET ADDRESS	22 FLYNN DRIVE	
CITY - ST - ZIP	PENSACOLA, FL 00000	

TITLE	AP	Change	Addition
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NAME _____ ☐ Change ☐ Addition
 STREET ADDRESS _____
 CITY- ST- ZIP _____

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			

TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

CR2E037 (9/01)

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: Mimi L. Piquant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02 (810) 456-8761