


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90131 007 ****61.25

DOCUMENT # C99000000002

1. Entity Name
THE CHURCH WARDENS AND VESTRYMEN OF CHRIST'S CHURCH IN PENSACOLA



Principal Place of Business
**18 WEST WRIGHT STREET
PENSACOLA FL 32501**

Mailing Address
**18 WEST WRIGHT STREET
PENSACOLA FL 32501**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-0678767**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KARADIN, KENNETH A
18 WEST WRIGHT STREET
PENSACOLA FL 32501**

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 *Kenneth A Karadin* **Kenneth A Karadin** *30 April 2003*

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CURRIN, B. MADISON	
STREET ADDRESS	510 N. 20 AVE	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	KARADIN, KENNETH A	
STREET ADDRESS	1118 N. BAYLEN ST.	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAGIE, RODERIC	
STREET ADDRESS	809 CROWN COVE	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	DT	<input type="checkbox"/> Delete
NAME	OWENS, THOMAS F	
STREET ADDRESS	1901 E GADSDEN STREET	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLE, KEN	
STREET ADDRESS	801 PORT ROYAL WAY	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	QUINA, CARTER	
STREET ADDRESS	284 W GONZALEZ S STREET	
CITY-ST-ZIP	PENSACOLA FL 32501	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Levenson, Russell J.	
STREET ADDRESS	4790 Velasquez	
CITY-ST-ZIP	Pensacola, FL 32504	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Heindl, Timothy R.	
STREET ADDRESS	420 Woodbine Dr.	
CITY-ST-ZIP	Pensacola, FL 32503	

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: *Timothy R Heindl* **REQUIRED** *4/30/03* *850-432-5115*

CR2E037 (10/02)