

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90068 032 ****61.25

DOCUMENT # N16487

1. Entity Name

JUBILEE CHRISTIAN CENTER OF PENSACOLA, INC.

Principal Place of Business

Mailing Address

5910 NORTH W ST
 PENSACOLA FL 32503-1032
 US

5910 NORTH W ST (32505)
 P.O. BOX 30269
 PENSACOLA FL 32503-1032
 US

780509



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2695922

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BALLENGER, LINDELL
6221 HEART PINE DRIVE
PENSACOLA FL 32504

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

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	PD	<input type="checkbox"/> Delete
NAME	BALLENGER, LINDELL	
STREET ADDRESS	6221 HEART PINE DR.	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BALLENGER, DARLENE	
STREET ADDRESS	6221 HEART PINE DR.	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BOWLING, HAROLD	
STREET ADDRESS	230 ETTA ST.	
CITY-ST-ZIP	PENSACOLA FL 32514-3127	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALLS, ROBERT C.	
STREET ADDRESS	6049 SPANISH OAK DR	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BALLENGER, LEN D	
STREET ADDRESS	3252 DESERT ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
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		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02 850-474-9484
 Date Daytime Phone #

CR2E037 (9/01)