

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N31596**

1. Entity Name

**WESTMINSTER PRESBYTERIAN CHURCH OF PENSACOLA, IN**

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90067 044 \*\*\*\*61.25

Principal Place of Business C/O TED CHUMLEY 3626 WEST JACKSON STREET PENSACOLA FL 32505 US	Mailing Address C/O TED CHUMLEY 3626 WEST JACKSON STREET PENSACOLA FL 32505-7358 US
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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

4. FEI Number <b>59-1031744</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SYKES, THOMAS**  
**1206 POPPY AVE.**  
**PENSACOLA FL 32507**

**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 Thomas Sykes Thomas Sykes - Pres. 2-10-00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>LAWRENCE, NEWMAN</b>
STREET ADDRESS	<b>6610 RICHARDS RD</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<b>DP</b> <input type="checkbox"/> Delete
NAME	<b>SYKES, THOMAS</b>
STREET ADDRESS	<b>1206 POPPY AVE.</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MRS JEANNE BELL</b>
STREET ADDRESS	<b>4540 MONTCLAIR RD</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32505</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MR. LARRY JORDAN</b>
STREET ADDRESS	<b>912 N 49TH ST</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32506</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>DANIEL, RICHARD</b>
STREET ADDRESS	<b>1804 W. JACKSON ST.</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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	<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	

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: Thomas Sykes **PHOTOCOPIED SIGNATURE REQUIRED** 2-10-00 850 456 1008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)