


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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90329 013 ****61.25

DOCUMENT # N31596

1. Entity Name
**WESTMINSTER PRESBYTERIAN CHURCH OF PENSACOLA, IN
CORPORATED**



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
US**

00011400



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
C/O George Kessler
Suite, Apt. #, etc.
3626 West Jackson St.

3. Mailing Address
Same as #2
Suite, Apt. #, etc.

City & State
Pensacola, Fl.

City & State

4. FEI Number **59-1031744**

Applied For
 Not Applicable

Zip
32505

Country
US

Zip
Country

5. Certificate of Status Desired **\$8.75 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. 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 type="checkbox"/> Delete
NAME	LAWRENCE, NEWMAN
STREET ADDRESS	6601 RICHARDS RD
CITY-ST-ZIP	PENSACOLA FL 32503
TITLE	DP <input type="checkbox"/> Delete
NAME	SYKES, THOMAS
STREET ADDRESS	1206 POPPY AVE.
CITY-ST-ZIP	PENSACOLA FL 32507
TITLE	D <input type="checkbox"/> Delete
NAME	MRS JEANNE BELL
STREET ADDRESS	4040 GLENWAY DR
CITY-ST-ZIP	PENSACOLA FL 32526
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	MR. LARRY JORDAN
STREET ADDRESS	912 N 49TH ST
CITY-ST-ZIP	PENSACOLA FL 32506
TITLE	D <input type="checkbox"/> Delete
NAME	DANIEL, RICHARD
STREET ADDRESS	1620 W LARUA ST
CITY-ST-ZIP	PENSACOLA FL 32501
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Director
STREET ADDRESS	Mrs Celeste Ellis
CITY-ST-ZIP	3332 Villedge Green Dr. Pace, Fl. 32571
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 info empowered.

SIGNATURE: Thomas W. Sykes **Thomas W. Sykes** 1-19-03 850 456-1008

CR2E037 (10/02)