

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004106

1. Entity Name

THE WESLEY FOUNDATION OF NORTHWEST FLORIDA, INC.

FILED
Aug 29, 2000 8:00 am
Secretary of State

08-29-2000 90032 010 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 30695
 PENSACOLA FL 32503

P.O. BOX 30695
 PENSACOLA FL 32503-1695

2. Principal Place of Business

4340 Costa Mesa

3. Mailing Address

4340 Costa Mesa

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32504

Country

Zip

32504

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2991537

Applied For

Not Applicable

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

POPE, KAREN P
 4340 COSTA MESA
 PENSACOLA FL 32501

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

Karen Pope

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

(NOTE: Registered Agent signature required when reinstating)

523.00

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	P	<input checked="" type="checkbox"/> Delete
NAME	REV. GENE MAY	
STREET ADDRESS	34001 WIDELL AVE	
CITY-ST-ZIP	LILLIAN AL 36549	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	REV. ROBERT GULLEDGE	
STREET ADDRESS	155 S SECTION ST	
CITY-ST-ZIP	FAIRHOPE AL 36532	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARTIN, MYRA	
STREET ADDRESS	6450 BIRKHEAD	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	T	<input type="checkbox"/> Delete
NAME	POPE, KAREN T	
STREET ADDRESS	4340 COSTA MESA	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	D	<input type="checkbox"/> Delete
NAME	HELEN WENTWORTH	
STREET ADDRESS	8380 N PALAFOX	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	<input type="checkbox"/> Delete
NAME	REV. RIAN KEGERREIS	
STREET ADDRESS	6915 HWY 29 N	
CITY-ST-ZIP	MOLINA FL 32577	

TITLE	REV. P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOB BAILEY	
STREET ADDRESS	208 PACE PARKWAY	
CITY-ST-ZIP	CANTONMENT, FL 32533	
TITLE	REV. D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR. CHARLES AVERY	
STREET ADDRESS	P.O. BOX 2737	
CITY-ST-ZIP	PENSACOLA, FL 32533	
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:

Karen Pope
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mrs. 5/23/00 850-476-1683

CR2E037 (9/99)