

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

FILED
Sep 19, 2003 8:00 am
Secretary of State

09-19-2003 90001 036 ****61.25

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1. Entity Name

THE WESLEY FOUNDATION OF NORTHWEST FLORIDA, INC.



Principal Place of Business

**ST. LUKE UMC
1394 E. NINE MILE RD.
PENSACOLA FL 32514**

Mailing Address

**P.O. BOX 10934
PENSACOLA FL 32524**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2991537**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**POPE, KAREN P
4340 COSTA MESA
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

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
After September 10, 2003, min will be \$236.25**

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	P	<input type="checkbox"/> Delete
NAME	BAILEY, BOB REV.	
STREET ADDRESS	208 PACE PARKWAY	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOK, CHRISTINE	
STREET ADDRESS	5020 REGATO	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	S	<input type="checkbox"/> Delete
NAME	BARKER, MARGNETTE	
STREET ADDRESS	6300 HERMITAGE DR	
CITY-ST-ZIP	PENSACOLA FL 32504	
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 checked="" type="checkbox"/> Delete
NAME	AVERY, CHARLES DR.	
STREET ADDRESS	P.O. BOX 2727	
CITY-ST-ZIP	PENSACOLA FL 32513	

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	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mrs. Reda Brooks
STREET ADDRESS	8200 Chiquita Dr.
CITY-ST-ZIP	Pensacola, FL 32534

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: **SCOTT W. HARRIS**

850-476-1683

CR2E037 (4/03)