2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 30, 2002 8:00 am
Secretary of State
05-29-2002 90696 011 *****8.75
06-30-2002 90227 042 ****52.50

DOCUMENT # N97000005333

B0126060

DO NOT WRITE IN THIS SPACE

1. Entity Name

RESTORATION FULL GOSPEL BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
900 WEST CERVANTES STREET PENSACOLA FL 32501	900 WEST CERVANTES STREET PENSACOLA FL 32501

2. Principal Place of Business	3. Mailing Address
900 West Cervantes St.	900 West Cervantes St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola, FL	City & State: Pensacola, FL
Zip: 32501 Country: US	Zip: 32501 Country: US

4. FEI Number: 59-3473401 ☐ 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
RANKINS, LEON III 3013 TUJAQUES PLACE 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D RANKINS, EDNA R 7153 RAMPART WAY PENSACOLA FL 32501	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ARNOLD, JOYCE 905 NORTH 46TH PENSACOLA FL 32508	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BUTLER, DARRICK 1201 NORTH GRANDVIEW PENSACOLA FL 32505	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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] REQUIRED 11 APR 02 (850) 802-3041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #