

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

FILED
Jul 07, 2003 8:00 am
Secretary of State

07-07-2003 90305 024 ****70.00

DOCUMENT # N97000005333

1. Entity Name

Restoration Full Gospel Baptist Church



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
900 West Cervantes Street

Suite, Apt. #, etc.

3. Mailing Address
900 West Cervantes Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Pensacola, Florida

City & State
Pensacola, Florida

4. FEI Number

Applied For

☒ Not Applicable

Zip
32501

Country
United State

Zip
32501

Country
United State

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name Leon Rankins III

Street Address (P.O. Box Number is Not Acceptable)

3013 Tujaques Place

City Pensacola

FL

Zip Code
32501

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25

Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	D Edna Rankins 7153 Rampart Way Pensacola, Florida 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Joyce Arnold 905 North 46th Ave Pensacola, Florida 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Darrick Butler 1201 North Grandview Pensacola, Florida 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Dolly Garnett 814 Garnet Pensacola, Florida 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Ardeeta McDougal 209 East Hernandez Street Pensacola, Florida 32503
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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 on an attachment with an address with all other duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03 (850) 723-3341

Date

Daytime Phone #

CR2E037B (12/02)