

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

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

01-27-2003 90319 048 ****61.25

DOCUMENT # 702403

1. Entity Name

PLAINVIEW BAPTIST CHURCH INC.



Principal Place of Business

**1101 W NINE MILE RD
PENSACOLA FL 32534**

Mailing Address

**1101 WEST NINE MILE ROAD
PENSACOLA FL 32534
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0978075**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COWART, MRS. ALLEYNE
9322 NORTH PALAFOX HIGHWAY
PENSACOLA FL 32534**

7. Name and Address of New Registered Agent

Name

JACK W. MURPHY

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

7333 PINE FOREST ROAD #133

PENSACOLA

FLORIDA

City

FL

Zip Code

32526

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 applicable

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☐ Delete
NAME **NALL, THOMAS**
STREET ADDRESS **218 KAYLYN ROAD**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TR** ☐ Delete
NAME **CURREY, ED**
STREET ADDRESS **9530 FOWLER AVENUE**
CITY-ST-ZIP **PENSACOLA FL 32534**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TR** ☐ Delete
NAME **COWART, RAY**
STREET ADDRESS **9322 NORTH PALAFOX HWY**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TR** ☐ Delete
NAME **NOWELL, J. E.**
STREET ADDRESS **8823 COVE AVENUE**
CITY-ST-ZIP **PENSACOLA FL 32534**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **PATTERSON, LAVERNA**
STREET ADDRESS **1505 CHIPPENDALE RD.**
CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-03

(850) 476-3845
Daytime Phone #

CR2E037 (10/02)