

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91604 026 ****61.25

DOCUMENT # 702705

1. Entity Name

PENSACOLA BOULEVARD CHURCH OF CHRIST, INC.

Principal Place of Business

Mailing Address

**10050 N. PENSACOLA BLVD.
PENSACOLA FL 32534**

**10050 N. PENSACOLA BLVD.
PENSACOLA FL 32534**

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

59-2164493

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

**KELLEY, JERRY M
3108 E GONZALEZ STREET
PENSACOLA FL 32503**

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

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

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 **TTRD** ☒ Delete
NAME **KELLEY, JERRY M**
STREET ADDRESS **3108 E GONZALEZ STREET**
CITY-ST-ZIP **PENSACOLA FL 32503**

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

TITLE **TRD** ☐ Delete
NAME **HARRIS, BILL**
STREET ADDRESS **1701 HWY 29 N**
CITY-ST-ZIP **CANTONMENT FL 32533**

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

TITLE **TTRD** ☐ Delete
NAME **NORRIS, JIM**
STREET ADDRESS **1000 DANMIRE ST**
CITY-ST-ZIP **PENSACOLA FL 32514**

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

TITLE **TRD** ☐ Delete
NAME **GREEN, JOHN**
STREET ADDRESS **9024 BELLINGTON RD**
CITY-ST-ZIP **PENSACOLA FL 32534**

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

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:

SIGNA Bill RE HARRIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)