

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704256

1. Entity Name

ALL SAINTS HOLINESS CHURCH OF APOSTOLIC FAITH, I

Principal Place of Business

1112 NORTH D STREET  
PENSACOLA FL 32501

Mailing Address

1112 NORTH D STREET  
PENSACOLA FL 32501-2532

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
27-1404148

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LOCKE, GLORIA D.  
1114 NORTH D STREET  
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.

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

TITLE	P	<input type="checkbox"/> Delete
NAME	LOCKE, GLORIA	
STREET ADDRESS	1114 NORTH D STREET	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BREWER, JESSIE L	
STREET ADDRESS	1703 W. BRAINERD ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VB	<input type="checkbox"/> Delete
NAME	LOCKE, ELMORE III	
STREET ADDRESS	1114 NORTH D STREET	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MCNEAL, JAMES	
STREET ADDRESS	3207 TORRES AVENUE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BREWER, JOHNNIE	
STREET ADDRESS	1520 W. JACKSON STREET	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	FRANKLIN, ANTHONY A	
STREET ADDRESS	3515 LABORDA LANE	
CITY-ST-ZIP	PENSACOLA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George C. Williams	
STREET ADDRESS	1114 North "D" Street	
CITY-ST-ZIP	Pensacola, FL 32501	
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	McWilliams, Rg4	
STREET ADDRESS	3707 Mobile, Ala.	
CITY-ST-ZIP	Mont. Ala 36103	
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		

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: *QUONSIURE BEHIND LOCKE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-2000 850-429-0547

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE