

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90123 009 \*\*\*\*61.25

**DOCUMENT # 704847**

1. Entity Name  
**FAITH BAPTIST CHURCH OF PENSACOLA, INC.**

Principal Place of Business      Mailing Address  
**3600 CREIGHTON RD.**      **3600 CREIGHTON RD.**  
**PENSACOLA FL 32504**      **PENSACOLA FL 32504**

**80009393**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2393694</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		<del>\$8.75 Additional Fee Required</del>	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>PATE, MARK</b> <b>2990 RAINES STREET</b> <b>PENSACOLA FL 32514</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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: *Mark Pate*      DATE: *1/18/2001*

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	<b>D</b> <b>BORG, MARK</b>	TITLE NAME	
STREET ADDRESS	<b>10161 CANDLESTICK LANE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL 32514</b>	CITY-ST-ZIP	
TITLE NAME	<b>P</b> <b>MELOY, RICHARD C.</b>	TITLE NAME	
STREET ADDRESS	<b>3600 CREIGHTON RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	CITY-ST-ZIP	
TITLE NAME	<b>T</b> <b>PATE, MR MARK</b>	TITLE NAME	
STREET ADDRESS	<b>2990 RAINES ST.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL 32514</b>	CITY-ST-ZIP	
TITLE NAME	<b>D</b> <b>SPECK, DON</b>	TITLE NAME	
STREET ADDRESS	<b>600 CASCADE DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL 32503</b>	CITY-ST-ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Richard C. Meloy*      DATE: *1-3-01*      (850) 476-8496

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #

CR2E037 (10/00)