

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707831

1. Entity Name

PENSACOLA PEOPLE TO PEOPLE COUNCIL, INC.

FILED

May 29, 2002 8:00 am
Secretary of State

05-29-2002 90732 008 ****70.00

Principal Place of Business PO BOX 9131 PENSACOLA FL 32513-9131 US	Mailing Address PO BOX 9131 PENSACOLA FL 32513-9131 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 59-1110437	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE.

6. Name and Address of Current Registered Agent MURPHY, CHING Y 2730 SUNRUNNER LN GULF BREEZE FL 32561

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]*
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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRENSHAW, SARA W. 2013 DOWNING DR PENSACOLA FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUBOWITZ, ADELA 100 NIGHTINGALE LN GULF BREEZE FL 32561 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRINCE, MARIBETH 1328 TIGER LN GULF BREEZE FL 32561 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALM, PAUL 518 CITATION DR CANTONMENT FL 32533 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MURPHY, CHING 2730 SUNRUNNER LN PENSACOLA FL 32501 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SERGENT, MARCIA 19 W. GARDEN ST PENSACOLA FL 32501 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition

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]* 5/21/02 (850) 932-1433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)