2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State
02-08-2001 90064 026 ****61.25

DOCUMENT # 721933

1. Entity Name

THE HERITAGE BAPTIST CHURCH OF PENSACOLA, INCORP

Principal Place of Business	Mailing Address
2200 WEST MICHIGAN AVE. PENSACOLA FL 32526 US	2200 W MICHIGAN AVE PENSACOLA FL 32526-379 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 32526-2379 / Country	Zip 32526-2379 / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2470331 — 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
SCHOFIELD, DONALD 2369 SILVERSIDES LOOP PENSACOLA FL 32506	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	PD ☒ Delete	TITLE	PD ☐ Change ☒ Addition
NAME	SCHOFIELD, DONALD R.	NAME	GUNDERSEN, KENNETH J.(SR)
STREET ADDRESS	2200 W MICHIGAN AVE.	STREET ADDRESS	2200 W. MICHIGAN AVE
CITY-ST-ZIP	PENSACOLA FL	CITY-ST-ZIP	PENSACOLA FL
TITLE	D ☒ Delete	TITLE	D ☐ Change ☒ Addition
NAME	BARNES, JAMES	NAME	WEEDEN, DANNY
STREET ADDRESS	2200 W MICHIGAN AVE.	STREET ADDRESS	2200 W. MICHIGAN AVE
CITY-ST-ZIP	PENSACOLA FL	CITY-ST-ZIP	PENSACOLA, FL
TITLE	CD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MANLEY, JERALD L	NAME	
STREET ADDRESS	2200 W MICHIGAN AVE	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	CITY-ST-ZIP	
TITLE	STD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HOWELL, TRUMAN	NAME	
STREET ADDRESS	2200 W MICHIGAN AVE	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WARD, RICHARD	NAME	
STREET ADDRESS	2200 W MICHIGAN AVE	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	CITY-ST-ZIP	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME		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 all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 2/4/2001 — Daytime Phone #: 850-944-5545

CR2E037 (10/00)