

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90922 019 ****61.25

DOCUMENT # 728557

1. Entity Name

GLOBE MISSIONARY EVANGELISM, INC.



Principal Place of Business

**8590 HWY 98 WEST
PENSACOLA FL 32506
US**

Mailing Address

**P.O. BOX 3040
PENSACOLA FL 32516-3040
US**

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 **23-7453583**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BISHOP, J. ROBERT
5703 ALMAX COURT
PENSACOLA FL 32516**

Name **J. DOUGLAS GELMAN**

Street Address (P.O. Box Number is Not Acceptable)
8590 HWY 98 WEST

City **PENSACOLA**

FL

Zip Code
32506

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

DIRECTOR

4-10-2003

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **GERMAN, J. DOUGLAS**
STREET ADDRESS **S. PUEBLO DRIVE.**
CITY-ST-ZIP **PENSACOLA FL 32507**

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

TITLE **VD** ☐ Delete
NAME **COLLINS, MICHAEL**
STREET ADDRESS **5820 MONTGOMERY AVE.**
CITY-ST-ZIP **PENSACOLA FL 32526-1836**

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

TITLE **V** ☐ Delete
NAME **WEBB, JERRY**
STREET ADDRESS **2782 CREEKWOOD DRIVE**
CITY-ST-ZIP **CANTONMENT, FL 0**

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

TITLE **D** ☐ Delete
NAME **KIMBLE, RAY**
STREET ADDRESS **403 N. 77TH AVENUE**
CITY-ST-ZIP **PENSACOLA FL**

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

TITLE **PD** ☐ Delete
NAME **BISHOP, J ROBERT**
STREET ADDRESS **5703 ALMAX COURT**
CITY-ST-ZIP **PENSACOLA FL**

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

TITLE **D** ☐ Delete
NAME **WEAVER, JIMMY**
STREET ADDRESS **4504 TWIN OAKS DRIVE SUITE 101**
CITY-ST-ZIP **PENSACOLA FL**

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:

[Signature] **REQUIRED**

4-10-2003 850-453-3453

CR2E037 (10/02)