

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731093

1. Entity Name

NORTHVIEW BAPTIST CHURCH OF PENSACOLA, INC.

P

Principal Place of Business

407 W. MICHIGAN
PENSACOLA FL 32505

Mailing Address

407 W. MICHIGAN
PENSACOLA FL 32505

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MOTT, C. ELTON
10194 HOLESBERRY ROAD
PENSACOLA FL 32504

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
After September 13, 2000 min. will be \$236.25

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 TD
NAME BURCHETTE, PHILLIP
STREET ADDRESS 10356 O DANIEL DR.
CITY-ST-ZIP PENSACOLA FL

TITLE TD
NAME JAMES MOTT
STREET ADDRESS 122 CRAFT ST
CITY-ST-ZIP PEN FL 32534

TITLE PD
NAME MOTT, C. ELTON
STREET ADDRESS 10194 HOLESBERRY
CITY-ST-ZIP PENSACOLA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME MOTT, KEITH
STREET ADDRESS 10194 HOLESBERRY ROAD
CITY-ST-ZIP PENSACOLA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME CLARK, NELL L.
STREET ADDRESS 1104 N. 50TH AVE.
CITY-ST-ZIP PENSACOLA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME WOODARD, BARBARA A.
STREET ADDRESS 9121 AMHERST DR.
CITY-ST-ZIP PENSACOLA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME AMERSON, MICHAEL
STREET ADDRESS 10194 HOLESBERRY ROAD
CITY-ST-ZIP PENSACOLA FL

TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90040 018 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)