

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90495 002 \*\*\*\*61.25

**DOCUMENT # 734139**

1. Entity Name

**SAINT MATTHEW LUTHERAN CHURCH OF PENSACOLA, FLORIDA, INC.**

Principal Place of Business

Mailing Address

7049 PENSACOLA BLVD.  
 PENSACOLA FL 32505-1223

7049 PENSACOLA BLVD.  
 PENSACOLA FL 32505-1223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-6473746**

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

7. Name and Address of New Registered Agent

**MCSWAIN, PAMELA W**  
**933 BROKEN ARROW LANE**  
**CANTONMENT FL 32533**

Name **Bodley, Jennie**

Street Address (P.O. Box Number is Not Acceptable)

**7158 Rampart Way**

City **Pensacola**

**FL**

Zip Code **32505**

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 **Jennie Bodley, Treasurer**

Signature, typed or printed name of registered agent and title if applicable.

*Jennie Bodley*

(NOTE: Registered Agent signature required when reinstating)

**3-26-02**

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	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MCSWAIN, PAMELA W</b>	
STREET ADDRESS	<b>933 BROKEN ARROW LANE</b>	
CITY-ST-ZIP	<b>CANTONMENT FL 32533</b>	
TITLE	<b>DPAS</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, JAMES P</b>	
STREET ADDRESS	<b>8595 UNTREINER AVENUE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32534</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>WESLEY, MARILYN D</b>	
STREET ADDRESS	<b>1316 EAST CROSS STREET</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32503</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JOHNSON, DOROTHY L</b>	
STREET ADDRESS	<b>2813 LANGLEY AVENUE, #106</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32504</b>	
TITLE	<b>DVP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FLOWERS, LEO</b>	
STREET ADDRESS	<b>6280 FERGUSON DRIVE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32503</b>	
TITLE	<b>FS</b>	<input type="checkbox"/> Delete
NAME	<b>TUBBS, MILDRED</b>	
STREET ADDRESS	<b>2813 LANGLEY AVENUE, #106</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32504</b>	

TITLE	<b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bodley, Jennie</b>	
STREET ADDRESS	<b>7158 Rampart Way</b>	
CITY-ST-ZIP	<b>Pensacola, FL 32505</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Rush, Tracy</b>	
STREET ADDRESS	<b>8040 Tower Terrace Drive</b>	
CITY-ST-ZIP	<b>Pensacola, FL 32534</b>	
TITLE	<b>Vice-President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bodley, Arthur</b>	
STREET ADDRESS	<b>401 Thorn Court</b>	
CITY-ST-ZIP	<b>Pensacola, FL 32526</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Marilyn Wesley, President** *Marilyn Wesley*

**3-26-02**

**850-595-3130**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)