

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736985

1. Entity Name

FIRST CHURCH OF GOD OF PENSACOLA, INC.

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90064 022 \*\*\*\*61.25

Principal Place of Business

Mailing Address

9250 COVE AVENUE  
PENSACOLA FL 32534-1621

9250 COVE AVENUE  
PENSACOLA FL 32534-1621

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6587740

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MORGAN, CHARLES  
1348 MARANATHA WAY  
PACE FL 32571

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 ☐ Delete  
NAME D DENNIS, LYDA  
STREET ADDRESS 6167 RED TAIL DR.  
CITY-ST-ZIP MILTON FL 32570

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

TITLE ☐ Delete  
NAME S WEISINGER, CHAD  
STREET ADDRESS 9250 COVE AVE  
CITY-ST-ZIP PENSACOLA FL 32534

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

TITLE ☐ Delete  
NAME TD MCGRADY, D GAIL  
STREET ADDRESS 346 PINE RIDGE CIRCLE  
CITY-ST-ZIP PENSACOLA FL

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

TITLE ☐ Delete  
NAME EMD KRAUSE, JO  
STREET ADDRESS 50 TEWKWOOD  
CITY-ST-ZIP PENSACOLA FL 32506

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

TITLE ☐ Delete  
NAME EMD MCGRADY, T.S.  
STREET ADDRESS 6 DELUNA DR.  
CITY-ST-ZIP PENSACOLA FL 32506

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

TITLE ☐ Delete  
NAME EMD BROOKINS, CHARLES  
STREET ADDRESS 1377 RAINBOW AVE.  
CITY-ST-ZIP PENSACOLA FL 32505

TITLE ☒ Change ☐ Addition  
NAME EMD  
STREET ADDRESS Jester Norma  
CITY-ST-ZIP 9991 Windy Hill Rd.  
Beulah, FL 32526

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:

*Gail McGrady*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gail McGrady 1/14/00 850-477-1679  
Date Daytime Phone #

CR2E037 (9/99)