

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90096 008 ****61.25

0018114

DOCUMENT # 736985

1. Entity Name

FIRST CHURCH OF GOD OF PENSACOLA, INC.

Principal Place of Business

**9250 COVE AVENUE
PENSACOLA FL 32534-1621**

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number

59-6587740

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

**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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DENNIS, LYDA	
STREET ADDRESS	6167 RED TAIL DR.	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	S	<input type="checkbox"/> Delete
NAME	WEISINGER, CHAD	
STREET ADDRESS	9250 COVE AVE	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCGRADY, D GAIL	
STREET ADDRESS	346 PINE RIDGE CIRCLE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	EMD	<input type="checkbox"/> Delete
NAME	KRAUSE, JO	
STREET ADDRESS	50 TEWKWOOD	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	EMD	<input type="checkbox"/> Delete
NAME	MCGRADY, T.S.	
STREET ADDRESS	6 DELUNA DR.	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	EMD	<input checked="" type="checkbox"/> Delete
NAME	JESTER, NORMA	
STREET ADDRESS	9991 WINDY HILL RD	
CITY-ST-ZIP	BEULAH FL 32526	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	mccrady, Larry	
STREET ADDRESS	346 Pine Ridge Circle	
CITY-ST-ZIP	Pensacola, FL 32514	
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gail McGrady 1/8/01 (850) 477-1679

CR2E037 (10/00)