

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90171 021 ****61.25

0063659

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 Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MORGAN, CHARLES
1348 MARANATHA WAY
PACE FL 32571**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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 **S** ☐ Delete
NAME **WEISINGER, CHAD**
STREET ADDRESS **9250 COVE AVE**
CITY-ST-ZIP **PENSACOLA FL 32534**TITLE **TD** ☐ Delete
NAME **MCGRADY, D GAIL**
STREET ADDRESS **346 PINE RIDGE CIRCLE**
CITY-ST-ZIP **PENSACOLA FL**TITLE **EMD** ☐ Delete
NAME **KRAUSE, JO**
STREET ADDRESS **50 TEWKWOOD**
CITY-ST-ZIP **PENSACOLA FL 32506**TITLE **EMD** ☐ Delete
NAME **MCGRADY, LARRY**
STREET ADDRESS **346 PINE RIDGE CIRCLE**
CITY-ST-ZIP **PENSACOLA FL 32514**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/02 (850) 477-1679

CR2E037 (9/01)