## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 739138**

1. Entity Name

SIGNATURE:

CELEBRATION BAPTIST CHURCH OF PENSACOLA, INC.

FILED Feb 13, 2002 8:00 am Secretary of State 02-13-2002 90246 030 \*\*\*\*61.25

Principal Place of Business		Mailing Address	JEAN BYASS		<b>L</b> II			
1025 S FAIRFI PENSACOLA F		Mailing Address  1025 6 FAIRFIELD DRIVE PENSACOLA FL 22506  32.52		Beron		(8(8) 31888 (  18    8)  SIBI) BIBI	. <b>6:81: P(8:</b> 1 B)	(2)) <b>2:0</b> :4 :04:
2. Principal Place of Business		3. Mailing Address					<b>.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State		·	4. FEI Number 59-2165391 Applied For Not Applicable			
Zip	Country	Zip	Coun	try	5. Certificate of Stat	us Desired 🗍	\$8.75 Ac Fee Requir	dditional
i i	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and Addre	ss of New Registered A	····	
DDACOTH	HEALI			Name		المسريمين الأراب المساد	د	
BRASSELL 3095 BAR	NONE ST			Street Address (P.O. Box Number is Not Acceptable)				
PENSACO	LA FL 32526			City		FL	Zip Coo	de
SIGNATURE	Signature, typed or printed name of registered agent  FILE NOW: FEE IS \$61.25	9. Election Ca			\$5.00 May Be Added to Fees	Make Check Departmen		
10.	OFFICERS AND DIF	ECTORS	11,	<del></del>	ADDITIONS/CHANGES	TO OFFICERS AND DIR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRASSELL, STEVE 1025 S FAIRFIELD DR PENSACOLA FL	☐ Delete	TITLE NAME	ADDRESS		·	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRASSELL, JEAN 3095 BARONNE ST PENSACOLA FL	☐ Delete	TITLE NAME STREET CITY-SI	ADDRESS -ZIP			☐ Change	☐ Addition
TITLE — NAME STREET ADDRESS CITY-ST-ZIP	BRASSELL, JEAN 3095 BARONNE ST PENSACOLA FL	Delete ———	NAME	ADDRESS	-	± 44€	Change	□ Addition
	D FOX, GARY 8160 COUNTY RD APT #724 DAPHNE AL 36526	☐ Delete	TITLE NAME STREET				Change	☐ Addition
STREET ADDRESS	D CONTE, CHRIS 7645 OLD HICKORY DR PENSACOLA FL 32507	☐ Delete	TITLE NAME STREET				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET A	1			☐ Change	☐ Addition
of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	true and accurate and that r vered to execute this report	ny signature as required					