

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90091 027 ****61.25

DOCUMENT # 742323

1. Entity Name

FIRST CHURCH OF THE OPEN BIBLE OF PENSACOLA, INC

Principal Place of Business

Mailing Address

**130 N PACE BLVD
 PENSACOLA FL 32505**

**130 N PACE BLVD
 PENSACOLA FL 32505**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1348642

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

**FRANKLIN, JOHN L SR
 2200 BLUE LAKE DRIVE
 PENSACOLA FL 32506**

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 | P | <input type="checkbox"/> Delete |
| NAME | FRANKLIN, JOHN L SR | |
| STREET ADDRESS | 2200 BLUE LAKE DRIVE | |
| CITY-ST-ZIP | PENSACOLA FL 32506 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | SEYMOUR, CRAIG | |
| STREET ADDRESS | 1419 CACAO LANE | |
| CITY-ST-ZIP | PENSACOLA FL 32507 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SAPP, J W | |
| STREET ADDRESS | 506 LAKEWOOD RD | |
| CITY-ST-ZIP | PENSACOLA FL 32507 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ALLRED, RANDY | |
| STREET ADDRESS | 6203 FAIRVIEW DRIVE | |
| CITY-ST-ZIP | PENSACOLA FL 32505 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KEETON, GORDON | |
| STREET ADDRESS | 1121 AMIENS CIRCLE | |
| CITY-ST-ZIP | PENSACOLA FL 32505 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 #

CR2E037 (9/01)

0007683