

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90171 018 ****61.25

DOCUMENT # 746031

1. Entity Name

CIRCLE BAPTIST CHURCH, INC.



Principal Place of Business
**808 NEW WARRINGTON ROAD
PENSACOLA FL 32506**

Mailing Address
**808 NEW WARRINGTON ROAD
PENSACOLA FL 32506**

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 **59-1804814**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WOOD, HELEN
910 N 58TH AVE
PENSACOLA FL 32506**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	STEPHENS, LARRY L.	
STREET ADDRESS	5510 CANTERBURY CR.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	JORDAN, E W	
STREET ADDRESS	2459 GRANADA CAMINO	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOPER, WINIFRED	
STREET ADDRESS	405 TAPICO WAY	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DUCLOS, KEITH	
STREET ADDRESS	5747 VENTURE LANE	
CITY-ST-ZIP	SALEM FL 32358	
TITLE	T	<input type="checkbox"/> Delete
NAME	WOOD, HELEN	
STREET ADDRESS	910 N 58TH AVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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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 *Larry L. Stephens* **SIGNATURE REQUIRED** *LARRY L. STEPHENS 1-27-03 850 455-8270*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)

0068850