

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749531

1. Entity Name

GULF COAST BAPTIST CHURCH INC. OF PENSACOLA, FLO

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90207 024 ****61.25

Principal Place of Business

Mailing Address

11625 CHEMSTRAND RD.
PENSACOLA FL 32514
US

11625 CHEMSTRAND RD.
PENSACOLA FL 32514-9763



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

11625 Chemstrand Rd
Suite, Apt. #, etc.

11625 Chemstrand Rd
Suite, Apt. #, etc.

City & State
Pensacola, FL
Zip 32514 Country Escambia

City & State
Pensacola, FL
Zip 32514 Country Escambia

4. FEI Number

05-0097600

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

HUFF, JAMES M
3281 E. KINGSFIELD ROAD
PENSACOLA FL 32814

Name

Leah Gear

Street Address (P.O. Box Number is Not Acceptable)

234 D. Weaveland

Pensacola,

City

FL

Zip Code

32503

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 JAMES M HUFF PASTOR

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	D	<input type="checkbox"/> Delete
NAME	ANDREWS, RICHARD	
STREET ADDRESS	8100 NORTH PLAFOX STREET, LOT 32534	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUFF, JAMES M	
STREET ADDRESS	3281 E. KINGFIELD ROAD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GORDON, JON	
STREET ADDRESS	1020 W. ROBERTS ROAD	
CITY-ST-ZIP	CANTONMENT FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEAH GEAR	
STREET ADDRESS	32503	
CITY-ST-ZIP	234 D. Weaveland, Pensacola, FL	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/2000

Date

850 937 9906

Daytime Phone #

CR037 (9/99)