

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State
 04-18-2001 90046 011 ****61.25

DOCUMENT # 749531

1. Entity Name

GULF COAST BAPTIST CHURCH INC. OF PENSACOLA, FLO

Principal Place of Business

Mailing Address

11625 CHEMSTRAND RD.
 PENSACOLA FL 32514
 US

11625 CHEMSTRAND RD.
 PENSACOLA FL 32514-9763

743990



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

City & State

PENSACOLA, FL.

PENSACOLA FL.

Zip

Country

32514

ESCAMBIA

Zip

Country

32514

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 32514

HUFF JAMES M
 3281 E. KINGSFIELD
 PENSACOLA FL
 32514

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

JAMES M HUFF PASTOR

1/10/001
 DATE

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

(NOTE: Registered Agent signature required when reinstating)

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

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

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:

James M Huff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/001
 Date

406 937-9906
 Daytime Phone #

CR2E037 (10/00)