

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91626 020 \*\*\*\*61.25

**DOCUMENT # 754520**

1. Entity Name

**CHRISTIAN SERVICEMEN'S CENTERS OF AMERICA, INC.**

Principal Place of Business

69 DELUNA DR  
PENSACOLA FL 32506  
US

Mailing Address

PO BOX 3315  
PENSACOLA FL 32516  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2031302

Applied For

Not Applicable

Zip

Country

Zip

Country

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

UPTON, THOMAS D.  
69 DELUNA DR  
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	PD	<input type="checkbox"/> Delete
NAME	UPTON, THOMAS D.	
STREET ADDRESS	69 DE LUNA DR	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BOWREN, LEROY W	
STREET ADDRESS	4507 CREEK MOOR	
CITY-ST-ZIP	SAN ANTONIO TX 78220	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WELLMAN, JACK	
STREET ADDRESS	1607 BROAD AVE.	
CITY-ST-ZIP	GULFPORT, MS 39503	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DENMARK, RONALD	
STREET ADDRESS	714 20TH ST.	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UPTON, THOMAS D.	
STREET ADDRESS	69 Deluna Dr	
CITY-ST-ZIP	Pensacola FL 32506	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wellman, Jack D.	
STREET ADDRESS	1607 Broad Ave	
CITY-ST-ZIP	GULFPORT MS 39503	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENMARK, RONALD	
STREET ADDRESS	714 20th St.	
CITY-ST-ZIP	Orlando FL 32805	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HART, James G.	
STREET ADDRESS	514 Sherwood Rd	
CITY-ST-ZIP	Jacksonville, NC 28540	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HART, Holly H.	
STREET ADDRESS	514 Sherwood Rd.	
CITY-ST-ZIP	Jacksonville NC 28540	

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:** *Thomas D. Upton* **THOMAS D. UPTON** 3/23/02 (850) 455-8342

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)