

3)

DOCUMENT # 757817

1. Entity Name

COMMUNITY WORSHIP CENTER PENTECOSTAL HOLINESS CH**FILED**
Apr 05, 2000 8:00 am
Secretary of State

01-12-2000 90010 032 ****61.25

Principal Place of Business 6200 W. 9 MILE ROAD PENSACOLA FL 32526 US		Mailing Address 6200 W. 9 MILE ROAD PENSACOLA FL 32526-5241 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1861861Applied For
Not Applicable5. 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

MIDDLETON, CHESTER
6200 W. 9 MILE ROAD
PENSACOLA FL 32526

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 re-registering)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MIDDLETON, CHESTER	
STREET ADDRESS	6200 W. 9 MILE ROAD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MCNAIR, DEBORAH	
STREET ADDRESS	6230 W. 9 MILE ROAD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUY, BOBBY	
STREET ADDRESS	8115 MOBILE HWY	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GING, WAYNE	
STREET ADDRESS	300 SOUTH 1 st STREET	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIDDLETON, DENNIS	
STREET ADDRESS	1121 MUSCOGGE ROAD	
CITY-ST-ZIP	CANTONMENT 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	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCNAIR, DEBORAH	
STREET ADDRESS	6230 W. 9 Mile Road	
CITY-ST-ZIP	PENSACOLA, FL 32526	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, BRUCE	
STREET ADDRESS	32367 STATE HWY. 112	
CITY-ST-ZIP	ROBERTSDALE, AL 36567	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, SHEILA	
STREET ADDRESS	7175 Klondike Road	
CITY-ST-ZIP	PENSACOLA, FL 32526	

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: *Sheila Thomas* **SHEILA THOMAS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-2000 850-944-2593

Date

Daytime Phone #