

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90035 036 ****61.25

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DOCUMENT # 757817

1. Entity Name

COMMUNITY WORSHIP CENTER PENTECOSTAL HOLINESS CH

Principal Place of Business

Mailing Address

6200 W. 9 MILE ROAD
 PENSACOLA FL 32526
 US

6200 W. 9 MILE ROAD
 PENSACOLA FL 32526
 US

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

59-1861861

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 **Joe L. Johnson, Jr.**
 Street Address (P.O. Box Number is Not Acceptable)
6200 West Nine Mile Road
 City **Pensacola** FL Zip Code **32526**

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

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joe L. Johnson, Jr.	
STREET ADDRESS	6200 W. Nine Mile Rd.	
CITY-ST-ZIP	Pensacola, FL 32526	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karen D. McKinley	
STREET ADDRESS	5108 Central Drive	
CITY-ST-ZIP	Pace, FL 32571	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Thompson	
STREET ADDRESS	8371-Mobile Hwy	
CITY-ST-ZIP	Pensacola, FL 32526	
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]* **REQUIRED** Karen D. McKinley 4/5/01 850-944-2593
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)