

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 8:00 am  
Secretary of State

04-16-2001 90269 038 \*\*\*\*61.25

DOCUMENT # 758222

1. Entity Name

ALL SAINTS CHURCH PARISH INC.

Principal Place of Business

901A NEW WARRINGTON ROAD  
PENSACOLA FL 32507  
US

Mailing Address

P.O. BOX 4538  
PENSACOLA FL 32507  
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

59-2210182

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

WEBSTER, EILEEN  
901-A NEW WARRINGTON RD.  
PENSACOLA FL 32507

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  
NAME COMPTON, NEWMAN H  
STREET ADDRESS 4870 WOODCLIFF DRIVE  
CITY-ST-ZIP PENSACOLA FL 32504 ☒ Delete

TITLE VPD  
NAME KONECNY, DONALD T  
STREET ADDRESS 8015 MALIBU CIRCLE  
CITY-ST-ZIP PENSACOLA FL 32505 ☒ Delete

TITLE SD  
NAME WEBSTER, EILEEN  
STREET ADDRESS P.O. BOX 526 N/A  
CITY-ST-ZIP CANTONMENT FL 32533 ☒ Delete

TITLE JAMES, ROBERT D  
STREET ADDRESS 6424 LAKE CHARLENE CT  
CITY-ST-ZIP PENSACOLA FL 32506 ☐ Delete

TITLE D  
NAME HALL, SUZANNE  
STREET ADDRESS 3720 TIGER POINT BLVD.  
CITY-ST-ZIP GULF BREEZE FL 32569 ☒ Delete

TITLE D  
NAME KRUEGER, LINDA C  
STREET ADDRESS 2109 LANGLEY AVENUE  
CITY-ST-ZIP PENSACOLA FL 32504 ☐ Delete

TITLE PD  
NAME MCLEOD, MARSHALL  
STREET ADDRESS 4140 STRINGFIELD RD  
CITY-ST-ZIP PENSACOLA, FL 32503 ☐ Change ☒ Addition

TITLE VPD  
NAME SCHRADER, ROBERT  
STREET ADDRESS 4553 INDEPENDENCE AVE  
CITY-ST-ZIP PENSACOLA, FL 32505 ☐ Change ☒ Addition

TITLE SD  
NAME WILLIAM C. WHITE JR.  
STREET ADDRESS 615 BAYSHORE DR #101  
CITY-ST-ZIP PENSACOLA, FL 32507 ☐ Change ☒ Addition

TITLE JAMES, ROBERT D.  
STREET ADDRESS 1871 BONITA DR  
CITY-ST-ZIP PENSACOLA, FL 32507 ☒ Change ☐ Addition

TITLE D  
NAME STEVENS, KEITH  
STREET ADDRESS 5630 MULDOON RD  
CITY-ST-ZIP PENSACOLA, FL 32526 ☐ Change ☒ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1 APR 01 850-453-1422

CR2E037 (10/00)