

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90577 038 \*\*\*\*61.25

0007686

**DOCUMENT # 758222**

1. Entity Name

**ALL SAINTS CHURCH PARISH INC.**

Principal Place of Business

Mailing Address

301A NEW WARRINGTON ROAD  
 PENSACOLA FL 32507  
 US

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~~

~~301A NEW WARRINGTON RD  
 PENSACOLA FL 32507~~

Name **MARSHALL MCLEOD**

Street Address (P.O. Box Number is Not Acceptable)

**4140 STRINGFIELD RD**

City

**PENSACOLA**

**FL**

Zip Code

**32503**

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 *Marshall W. McLeod Sr. Warden 1-21-02*

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 ☐ Delete  
 NAME **PD MCLEOD, MARSHALL**  
 STREET ADDRESS **4140 STRINGFIELD RD**  
 CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **VPD SCHRADER, ROBERT**  
 STREET ADDRESS **4553 INDEPENDENT AVE**  
 CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE ☒ Change ☐ Addition  
 NAME **"D"**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **SD WHITE, WILLIAM C JR**  
 STREET ADDRESS **615 BAYSHORE DR #101**  
 CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE ☒ Change ☐ Addition  
 NAME **"VPD"**  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **1071 BONITA DR**  
 CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE ☐ Delete  
 NAME **D STEVENS, KEITH**  
 STREET ADDRESS **5630 MULDOON RD**  
 CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition  
 NAME **D JAMES P. POPE**  
 STREET ADDRESS **1021 WONDERWOOD CT**  
 CITY-ST-ZIP **PENSACOLA FL 32514**

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**

**2/5/2002 850 453-1422**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)