

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90232 044 ****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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCLEOD, MARSHALL
4140 STRINGFIELD ROAD
PENSACOLA FL 32503**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Marshall A. McLeod **SENIOR WARDEN 3-19-03**

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCLEOD, MARSHALL	
STREET ADDRESS	4140 STRINGFIELD RD	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHRADER, ROBERT	
STREET ADDRESS	4553 INDEPENDENT AVE	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WHITE, WILLIAM C JR	
STREET ADDRESS	615 BAYSHORE DR #101	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	T	<input type="checkbox"/> Delete
NAME	JAMES, ROBERT D	
STREET ADDRESS	1071 BONITA DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEVENS, KEITH	
STREET ADDRESS	5630 MULDOON RD	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	D	<input type="checkbox"/> Delete
NAME	POPE, JAMES P	
STREET ADDRESS	1021 WONDERWOOD COURT	
CITY-ST-ZIP	PENSACOLA FL 32514	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EILEEN WEBSTER	
STREET ADDRESS	PO BOX 526	
CITY-ST-ZIP	CANTONMENT, FL 32533	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARROLL E. FRANK JR	
STREET ADDRESS	5773 HERMITAGE CIRCLE	
CITY-ST-ZIP	MILTON, FL 32570	
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)(l), 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: Robert D. James **3-19-03 850-453-1422**

CR2E037 (10/02)