

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 04, 2002 8:00 am**  
**Secretary of State**

08-04-2002 90161 003 \*\*\*\*61.25

**DOCUMENT # 761609**

1. Entity Name

**MT. ZION BIBLE CHURCH OF PENSACOLA, INC.**

Principal Place of Business

Mailing Address

~~% L.R. SHELTON, JR.~~ **JEFF POLLARD**  
 2603 WEST WRIGHT STREET  
 PENSACOLA FL 32505

~~% L.R. SHELTON, JR.~~ **JEFF POLLARD**  
 2603 WEST WRIGHT STREET  
 PENSACOLA FL 32505



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2965131**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~SHELTON, L.R., JR.~~ **JEFF POLLARD**  
 2603 WEST WRIGHT STREET  
 PENSACOLA FL 33505

Name **JEFF POLLARD**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2603 W. WRIGHT ST.**  
 City **PENSACOLA** FL Zip Code **32505**

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: *Jeff Pollard*

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SHELTON, L.R., JR</b> <b>2603 WEST WRIGHT ST</b> <b>PENSACOLA FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>SNYDER, MICHAEL</b> <b>181 OVERLOOK DR</b> <b>PENSACOLA FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>WHITWORTH, R.E., SR</b> <b>2730 W WRIGHT STREET</b> <b>PENSACOLA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>SCOTT, MILLARD C</b> <b>1701 WEST Z STREET</b> <b>PENSACOLA FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BD</b> <b>JEFF POLLARD</b> <b>2603 W. WRIGHT ST.</b> <b>PENSACOLA, FL 32505</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>DAVID CLUKIE</b> <b>2502-A W. BELMONT ST.</b> <b>PENSACOLA, FL 32505</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>STEVEN FRAKES</b> <b>2603 W. WRIGHT ST.</b> <b>PENSACOLA, FL 32505</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/01)

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: *Steven L. Frakes* **STEVEN L. FRAKES** Date: **7/26/02** Daytime Phone #: **438-1037**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #