

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768328

1. Entity Name

HOLY CROSS METROPOLITAN COMMUNITY CHURCH INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90028 043 ****61.25

Principal Place of Business

Mailing Address

415 N ALCANIZ ST
PENSACOLA FL 32501
US

415 N ALCANIZ ST
PENSACOLA FL 32501-4942
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

58-1588096

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

PATY, JENNIFER L
3305 W LEE ST
PENSACOLA FL 32505

Name

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

700 COLLEGE BLVD #B211

City

PENSACOLA

FL

Zip Code

32504

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 D ☒ Delete
NAME HAUFFE, LARRY
STREET ADDRESS 7822 WHITMIRE DR
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ Change ☒ Addition
NAME KEVIN LEAKE
STREET ADDRESS 700 COLLEGE BLVD #B211
CITY-ST-ZIP PENSACOLA FL 32504

TITLE TD ☒ Delete
NAME PATY, JENNIFER
STREET ADDRESS 3305 W. LEE ST.
CITY-ST-ZIP PENSACOLA FL 32505

TITLE T/D ☐ Change ☒ Addition
NAME MARK WRIGHT
STREET ADDRESS 108 RUE MAX ST
CITY-ST-ZIP PENSACOLA FL 32507

TITLE SD ☒ Delete
NAME PATY, JENNIFER L
STREET ADDRESS 3305 W LEE ST
CITY-ST-ZIP PENSACOLA FL

TITLE S/D ☐ Change ☒ Addition
NAME JACQUELYN ROSE
STREET ADDRESS 333 ARABIAN DR
CITY-ST-ZIP PENSACOLA FL 32506

TITLE CD ☐ Delete
NAME MARR, MARILYN R
STREET ADDRESS 4504 SOUTHPOINT
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ Change ☒ Addition
NAME JOSEPH TOPOLSKI
STREET ADDRESS 1525 OLD CHEMSTRAND RD
CITY-ST-ZIP CANTONMENT FL 32533

TITLE D ☒ Delete
NAME RICKS, NORMAN
STREET ADDRESS 1404 E LAKEVIEW DR
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ Change ☒ Addition
NAME BOOTH, I BURG
STREET ADDRESS 1119 PARK LN.
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE D ☒ Delete
NAME BROTHERS, JIM
STREET ADDRESS 67 ADKINSON DR
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ Change ☒ Addition
NAME JOSEPH BISHOP
STREET ADDRESS 5820 GULF RD
CITY-ST-ZIP MILTON FL 32583

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)