

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768328

1. Entity Name

HOLY CROSS METROPOLITAN COMMUNITY CHURCH INC.

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90087 046 ****61.25

0016925

Principal Place of Business 415 N ALCANIZ ST PENSACOLA FL 32501 US	Mailing Address 415 N ALCANIZ ST PENSACOLA FL 32501 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 58-1588096	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEAKE, KEVIN 750 COLLEGE BLVD #B211 PENSACOLA FL 32504	7. Name and Address of New Registered Agent Name KEVIN Kevin Leake Street Address (P.O. Box Number is Not Acceptable) 630 W. Gregory St. City Pensacola FL Zip Code 32501
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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 *Kevin Leake* KEVIN LEAKE 4-22-01
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	D HAUFFE, LARRY 7822 WHITMIRE DR PENSACOLA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Sandy O'Steen 8733A HWY 90 East Milton FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PATY, JENNIFER 3305 W. LEE ST. PENSACOLA FL 32505 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Joseph Bishop 5820 Gulf Rd. Milton FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PATY, JENNIFER L 3305 W LEE ST PENSACOLA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Jes Morgan 2044 Coral Creek Dr. Pensacola FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MARR, MARILYN R 4504 SOUTHPOINT PENSACOLA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Mark Wright 7915 Comet Ct. Pensacola FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICKS, NORMAN 1404 E LAKEVIEW DR PENSACOLA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Booth Iburg 100 Park Ln. Gulf Breeze FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROTHERS, JIM 67 ADKINSON DR PENSACOLA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jacquelyn Pope 333 Arabian Dr. Pensacola FL <input type="checkbox"/> Change <input type="checkbox"/> 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: *Mark Wright* MARK WRIGHT 4-22-01 850-436-4788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)