

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90173 023 ****61.25

DOCUMENT # 768328

1. Entity Name

HOLY CROSS METROPOLITAN COMMUNITY CHURCH INC.

Principal Place of Business

Mailing Address

415 N ALCANIZ ST
PENSACOLA FL 32501
US

415 N ALCANIZ ST
PENSACOLA FL 32501
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

LEAKE, KEVIN
630 W. GREGORY ST.
PENSACOLA FL 32501

Name
KEVIN LEAKE

Street Address (P.O. Box Number is Not Acceptable)
609 W. SUNSET AVE.

City
PENSACOLA

FL

Zip Code
32507

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

4-8-02

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 PD ☐ Delete
NAME O'STEEN, SANDY
STREET ADDRESS 8733A HWY 90
CITY-ST-ZIP EAST MILTON FL

TITLE PD ☒ Change ☐ Addition
NAME SANDY O'STEEN
STREET ADDRESS 1002 E. YONGE ST.
CITY-ST-ZIP Pensacola, FL 32503

TITLE VD ☐ Delete
NAME BISHOP, JOSEPH
STREET ADDRESS 5820 GULF RD
CITY-ST-ZIP MILTON FL

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

TITLE SD ☐ Delete
NAME MORGAN, JES
STREET ADDRESS 2044 CORAL CREEK DR
CITY-ST-ZIP PENSACOLA FL

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

TITLE TD ☒ Delete
NAME WRIGHT, MARK
STREET ADDRESS 7915 COMET CT.
CITY-ST-ZIP PENSACOLA FL

TITLE TD ☐ Change ☒ Addition
NAME JULIE MOSS
STREET ADDRESS 2147 YARBLEY CIR.
CITY-ST-ZIP PENSACOLA FL 32526

TITLE D ☐ Delete
NAME BOOTH, IBURG
STREET ADDRESS 1119 PARK LANE
CITY-ST-ZIP GULF BREEZE FL

TITLE VD ☒ Change ☐ Addition
NAME BOOTH IBURG
STREET ADDRESS 1119 PARK LANE
CITY-ST-ZIP GULF BREEZE FL

TITLE D ☐ Delete
NAME POPE, JACQUELYN
STREET ADDRESS 333 ARABIAN DR
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ Change ☐ 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)(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

Sandy O'Steen SANDY O'STEEN, Moderator 4/8/02 433 8528

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)