

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

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90100 038 \*\*\*\*61.25

**DOCUMENT # 768328**

1. Entity Name

**HOLY CROSS METROPOLITAN COMMUNITY CHURCH INC.**



Principal Place of Business

**415 N ALCAMZ ST  
PENSACOLA FL 32501  
US**

Mailing Address

**415 N ALCANIZ ST  
PENSACOLA FL 32501  
US**

**11009012**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **58-1568096**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LEAKE, KEVIN  
609 W SUNSET AVE  
PENSACOLA FL 32507**

7. Name and Address of New Registered Agent

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

*[Signature]*

**KEVIN LEAKE**

**4-21-03**

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

TITLE **PD** ☐ Delete  
NAME **O'STEEN, SANDY**  
STREET ADDRESS **1002 E YONGE ST**  
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **D** ☐ Delete  
NAME **BISHOP, JOSEPH**  
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 **TD** ☐ Delete  
NAME **MOSS, JULIE**  
STREET ADDRESS **2147 YARDLEY CIRCLE**  
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **VD** ☒ Delete  
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**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **D** ☒ Change ☐ Addition  
NAME **JES MORGAN**  
STREET ADDRESS **2044 CORAL CREEK DR**  
CITY-ST-ZIP **PENSACOLA FL**

TITLE **D** ☒ Change ☐ Addition  
NAME **JULIE MOSS**  
STREET ADDRESS **2147 YARDLEY CIR**  
CITY-ST-ZIP **PENSACOLA FL**

TITLE **T/D** ☐ Change ☒ Addition  
NAME **KEVIN LEAKE**  
STREET ADDRESS **609 W SUNSET AVE**  
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:

**SIGNATURE REQUIRED**

**KEVIN LEAKE**

**4-21-03**

**(857) 453 8528**

CR2E037 (10/02)