2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State
02-28-2002 90013 028 ****61.25

DOCUMENT # 769456

1. Entity Name

UNITARIAN UNIVERSALIST CHURCH OF PENSACOLA, INC.

Principal Place of Business	Mailing Address
9888 PENSACOLA BLVD PENSACOLA FL 32534 US	9888 PENSACOLA BLVD PENSACOLA FL 32534 US

DO NOT WRITE IN THIS SPACE

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 59-2328861 ☐ 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
SALMON, CAROLYN 4120 MONTEIGNE DRIVE PENSACOLA FL 32504	Name: Neil Cobb Street Address (P.O. Box Number is Not Acceptable): 1044 Fleming Drive City: Pensacola **FL** Zip Code: 32514

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 Neil Cobb Neil A Cobb Feb 16 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P SALMON, CAROLYN 4120 MONTEIGNE DRIVE PENSACOLA FL 32504	☒ Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	COBB, NEIL 1044 Fleming Drive Pensacola, FL 32514	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP OTT, ANGIE 2915 GLENN STREET GULF BREEZE FL 32561	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FRANK WOOD 308 CORDOBA ST GULF BREEZE FL 32561	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WINTERBERG, LAURIE 3601 MONTEIGNE DRIVE PENSACOLA FL 32504	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MANALE, JODIE 5920 WINDTRACE CT PENSACOLA FL 32504	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COBB, NEIL 1044 FLEMING DR PENSACOLA FL 32514	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	TOM FORREST 360 W. BRAINERD PENSACOLA, FL 32501	☐ Change ☒ 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: NEIL COBB, PRESIDENT SIGNATURE REQUIRED Neil A Cobb 2/16/02 (850) 968-1585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #