2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **769928** Mar 01, 2000 8:00 am 1. Entity Name **Secretary of State** PENSACOLA ABUNDANT LIFE CHURCH, INC. 03-01-2000 90021 010 ****61.25 Mailing Address Principal Place of Business 8025 N. PALAFOX STREET 8025 N. PALAFOX STREET PENSACOLA FL 32534-4435 PENSAÇOLA FL 32534 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3490993 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PEADEN, REV. ADDISON 8025 N. PARAFOX STREET PENSACOLA FL 32534 Zip Code City 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 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PN ☐ Change ☐ Addition Delete TITLE PEADEN, GLENNIS NAME STREET ADDRESS STREET ADDRESS 5828 TWIN OAKS DR. CITY-ST-ZIP CITY-ST-ZIP PACE FL 32571 TITLE ☐ Delete TITLE ☐ Change ☐ Addition RIVETTE, STEVE NAME STREET ADDRESS STREET ADDRESS 5168 ROWE TRAIL CITY-ST-ZIP CITY-ST-ZIP PACE FL TITLE SD ☐ Delete TITLE Change Addition NAME MESSER, OPAL STREET ADDRESS 7478 WOODSIDE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 3256 TITLE ☐ Delete TITLE ☐ Change Addition SEGRAVES, LINDA D NAME NAME 5812 TWIN OAKS DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PACE FL 32571' ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 at other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-00

(850) 994-7256