

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91322 037 \*\*\*\*61.25

**DOCUMENT # 769928**

1. Entity Name

**PENSACOLA ABUNDANT LIFE CHURCH, INC.**

Principal Place of Business

**8025 N. PALAFOX STREET  
PENSACOLA FL 32534**

Mailing Address

**8025 N. PALAFOX STREET  
PENSACOLA FL 32534**

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

**59-3490993**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**C0067064**



6. Name and Address of Current Registered Agent

**PEADEN, REV. ADDISON  
8025 N. PARAFOX STREET  
PENSACOLA FL 32534**

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.

SIGNATURE

*[Handwritten Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-30-01**

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

TITLE **PD** ☐ Delete  
NAME **PEADEN, GLENNIS**  
STREET ADDRESS **5828 TWIN OAKS DR.**  
CITY-ST-ZIP **PACE FL 32571**

TITLE **VD** ☒ Delete  
NAME **RIVETTE, STEVE**  
STREET ADDRESS **5168 ROWE TRAIL**  
CITY-ST-ZIP **PACE FL**

TITLE **SD** ☒ Delete  
NAME **MESSER, OPAL**  
STREET ADDRESS **7478 WOODSIDE RD**  
CITY-ST-ZIP **PENSACOLA FL 3256**

TITLE **TD** ☐ Delete  
NAME **SEGRAVES, LINDA D**  
STREET ADDRESS **5812 TWIN OAKS DR**  
CITY-ST-ZIP **PACE FL 32571**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VD** ☐ Change ☒ Addition  
NAME **Brantley, Walter**  
STREET ADDRESS **4553 Trice Rd.**  
CITY-ST-ZIP **Pace, FL 32571**

TITLE **SD** ☐ Change ☒ Addition  
NAME **Goolsby, Carol**  
STREET ADDRESS **300 Jones St.**  
CITY-ST-ZIP **Pensacola, FL 32534**

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

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

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:

*[Handwritten Signature]*

**Addison Peaden**

**4-30-01 (850) 994-7256**

CR2E037 (10/00)