## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jun 15, 2001 8:00 am DOCUMENT # N0000001904 Secretary of State 1. Entity Name 05-17-2001 91297 046 \*\*\*\*75.00 THE WHOLE TRUTH MISSION CHURCH OF GOD IN CHRIST, The Mailing Address Principal Place of Business 48741 615 E FISHER STREET 615 E FISHER STREET PENSACOLA FL 32503 PENSACOLA FL 32503 WAY 3. Mailing Address. 2. Principal Place of Business 4404 HARVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State PENSACOLA FL. Not Applicable Country \$8.75 Additional **ESCAMBIA** -30225. Certificate of Status Desired 又 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) ROBERSON, IVY JR 4404 HAVRE WAY PENSACOLA FL 32505-3022 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: 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. Change Addition 3R2E037 (10/00 ☐ Defete TITLE D IVY ROBERSON JR. HAVRE WAY MICHAEL A. 1307 NORTH NAME ! NAM STREET ADDRESS STREET ADDRESS PENSACOLA, FL. 32505-3022 PENSACOLA. CITY-ST-ZIP CITY-ST-78 KENNETH J. BIVINES ☐ Change Addition ☐ Delete TITLE TITLE D. NAME NAME 9049 CARRIBEAN DRIVE STREET ADDRESS STREET ADDRESS PENSACOLA, FL. 32506 CITY-ST-ZIP CITY-ST-ZIP \_ 🔲 . Delete TITLE TITLE DOUGLAS-J. HALL NAME NAME 1682 BEACHSIDE DRIVE PENSACOLA, FL. 32506 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Chance ☐ Addition TITLE TITLE BETTE L. ROBERSON NAME NAME 4404 HAVRE WAY STREET ADDRESS STREET ADDRESS PENSACOLA, FL. 32505-3022 CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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 it 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.

ROBERSON JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/01 850/433-4265

Date

Daytime Phone ∉