

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90365 031 ****70.00

DOCUMENT # N00000001904

1. Entity Name

THE WHOLE TRUTH MISSION CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business

Mailing Address

**615 E FISHER STREET
PENSACOLA FL 32503**

**4404 HARVE WAY
PENSACOLA FL 32505-3022**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

9049 Caribbean Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pensacola, Florida

4. FEI Number

59-3237821

Applied For

Not Applicable

Zip

Country

Zip

Country

32506

Escambia

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

**ROBERSON, IVY JR
4404 HARVE WAY
PENSACOLA FL 32505-3022**

Name

Kenneth J. Birines

Street Address (P.O. Box Number is Not Acceptable)

9049 Caribbean Drive

City

Pensacola

FL

Zip Code

32506

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

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 **D** ☒ Delete
NAME **ROBERSON, IVY JR**
STREET ADDRESS **4404 HARVE WAY**
CITY-ST-ZIP **PENSACOLA FL 32505-3022**

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

TITLE **D** ☐ Delete
NAME **BIVINES, KENNETH J**
STREET ADDRESS **9049 CARRIBEAN DRIVE**
CITY-ST-ZIP **PENSACOLA FL 32506**

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

TITLE **T** ☐ Delete
NAME **HALL, DOUGLAS J**
STREET ADDRESS **1682 BEACHSIDE DRIVE**
CITY-ST-ZIP **PENSACOLA FL 32506**

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

TITLE **T** ☐ Delete
NAME **ROBERSON, BETTE L**
STREET ADDRESS **4404 HARVE WAY**
CITY-ST-ZIP **PENSACOLA FL 32505-3022**

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

TITLE **T** ☐ Delete
NAME **LOYD, MICHAEL A**
STREET ADDRESS **1307 NORTH "P" STREET**
CITY-ST-ZIP **PENSACOLA FL 32505**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/02 (850) 455-2776