

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90023 029 \*\*\*\*61.25

**DOCUMENT # N00000008154**

1. Entity Name

**CHURCH OF THE LIVING GOD IN PENSACOLA, C.W.F.F., INC.**

Principal Place of Business

**1215 EAST BAARS STREET  
PENSACOLA FL 32503**

Mailing Address

**1215 EAST BAARS STREET  
PENSACOLA FL 32503**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3458515**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SANDERS, RONALD L  
1215 EAST BAARS STREET  
PENSACOLA FL 32503**

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

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: **SANDERS, RONALD L**  
STREET ADDRESS: **1215 EAST BAARS STREET**  
CITY-ST-ZIP: **PENSACOLA FL 32503**

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

TITLE: **D** ☒ Delete  
NAME: **BLOCTON, BRUNETTA**  
STREET ADDRESS: **1215 EAST BAARS STREET**  
CITY-ST-ZIP: **PENSACOLA FL 32503**

TITLE: **Minister** ☒ Change ☐ Addition  
NAME: **MATTHEW TOWNSEND**  
STREET ADDRESS: **1215 EAST BAARS STREET**  
CITY-ST-ZIP: **PENSACOLA FL 32503**

TITLE: **D** ☒ Delete  
NAME: **BROWN, EMMIA**  
STREET ADDRESS: **1215 EAST BAARS STREET**  
CITY-ST-ZIP: **PENSACOLA FL 32503**

TITLE: ☒ Change ☐ Addition  
NAME: **DESTER MCNEIL**  
STREET ADDRESS: **1215 EAST BAARS STREET**  
CITY-ST-ZIP: **PENSACOLA FL 32503**

TITLE: **DT** ☐ Delete  
NAME: **JACKSON, GWENDOLYN**  
STREET ADDRESS: **1215 EAST BAARS STREET**  
CITY-ST-ZIP: **PENSACOLA FL 32503**

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

TITLE: **DT** ☐ Delete  
NAME: **TOWNSEND, LEVIDIA**  
STREET ADDRESS: **1215 EAST BAARS STREET**  
CITY-ST-ZIP: **PENSACOLA FL 32503**

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

TITLE: **DS** ☐ Delete  
NAME: **BLACK, FLORENCE**  
STREET ADDRESS: **1215 EAST BAARS STREET**  
CITY-ST-ZIP: **PENSACOLA FL 32503**

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

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:

**MATTHEW TOWNSEND**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/24/02**  
Date

**(850) 452-1001 x 1546**  
Daytime Phone #

CR2E037 (9/01)