

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000008359**

1. Entity Name

PENSACOLA COMMUNITY BAPTIST CHURCH, INC.**FILED****Mar 28, 2002 8:00 am**
Secretary of State

03-28-2002 90146 014 ****61.25

Principal Place of Business

Mailing Address

8116 MONTICELLO DR.
PENSACOLA FL 32514PO BOX 11336
PENSACOLA FL 32524

2. Principal Place of Business

1100 W. Michigan Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, Fla

City & State

Zip

32505

Country

Escambia

Zip

Country

4. FEI Number

59-3564285

Applied For

☒ Not Applicable5. 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

COES, LEONARD C
8116 MONTICELLO DR.
PENSACOLA FL 32514

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 \$61.259. 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 **PD** ☐ Delete
NAME **COES, LEONARD C**
STREET ADDRESS **8116 MONTICELLO DRIVE**
CITY-ST-ZIP **PENSACOLA FL 32514**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **AMT** ☐ Delete
NAME **RUSSELL, JOHN R**
STREET ADDRESS **1549 KYLE DRIVE**
CITY-ST-ZIP **PENSACOLA FL 32505**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **MT** ☐ Delete
NAME **MANNING, JAMES**
STREET ADDRESS **4552 BRIAN STREET**
CITY-ST-ZIP **PACE FL 32571**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: *Leonard C Coes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/02

Date

Daytime Phone #

CR2E037 (9/01)