

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90072 045 \*\*\*\*61.25

**DOCUMENT # NO1000005461**

1. Entity Name

**BACK TO THE BASICS TRANSITIONAL MINISTRIES, INC.**



Principal Place of Business

Mailing Address

**7844 BAY MEADOWS DR  
PENSACOLA FL 32507**

**P O BOX 16613  
PENSACOLA FL 32507-6613**

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 **59-3732947**

Applied For

Not Applicable

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, JOHN  
7844 BAY MEADOWS DR  
PENSACOLA FL 32507**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **D CARNES, ALLEN**  
STREET ADDRESS **5403 KEE MEMORIAL DR**  
CITY-ST-ZIP **PENSACOLA FL 32507**

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

TITLE ☐ Delete  
NAME **D BECKER, JACK**  
STREET ADDRESS **33197 N PICKENS AVE**  
CITY-ST-ZIP **LILLIAN AL 36549**

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

TITLE ☐ Delete  
NAME **D SANDERS, JOHN**  
STREET ADDRESS **7844 BAY MEADOWS DR**  
CITY-ST-ZIP **PENSACOLA FL 32507**

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

TITLE ☐ Delete  
NAME **D JOHN OBRIEN**  
STREET ADDRESS **6011 THISTLE DOWN RD**  
CITY-ST-ZIP **PENSACOLA FL 32505**

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

TITLE ☐ Delete  
NAME **D PAUL CRITCHITT**  
STREET ADDRESS **2198 WHITE PINES DR**  
CITY-ST-ZIP **PENSACOLA FL 32524**

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

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:

**JOHN SANDERS**  
**STATUTES REQUIRED**

**3/5/02**

**456 9917**

CR2E037 (10/02)