2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State
03-07-2002 90035 041 ****61.25

DOCUMENT # N03492

1. Entity Name

SOUL'S HARBOR FREE WILL BAPTIST CHURCH, INCORPOR ATED

Principal Place of Business	Mailing Address
C/O REV DANNY CONN 527 E. 10 MILE ROAD PENSACOLA FL 32514-1527 US	C/O REV DANNY CONN 527 E. 10 MILE ROAD PENSACOLA FL 32514-1527 US

DO NOT WRITE IN THIS SPACE

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 59-2212302 ☐ 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
CONN, REV. DANNY 523 E. 10 MILE RD. PENSACOLA FL 32534	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 Danny Conn DANNY CONN 2/25/02
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		
				Change	Addition
TITLE	D	☐ Delete	TITLE	☐	☑
NAME	CONN, DANNY REV		NAME	TRUSTEE	
STREET ADDRESS	523 E 10 MILE RD		STREET ADDRESS	AL WITT	
CITY-ST-ZIP	PENSACOLA FL 32514		CITY-ST-ZIP	2659 SOUTHERN OAKS DR. CANTONMENT, FL 32533	
TITLE	D	☐ Delete	TITLE	☐	☑
NAME	WALKER, HUGH W		NAME	TRUSTEE	
STREET ADDRESS	131 CRAFT ST		STREET ADDRESS	Tim VINCENT	
CITY-ST-ZIP	PENSACOLA FL 32534		CITY-ST-ZIP	209 ROCKY AVE CANTONMENT, FL 32533	
TITLE	T	☐ Delete	TITLE	☐	☑
NAME	CROSS, ROGER		NAME	TRUSTEE	
STREET ADDRESS	1167 KATHLEEN AVE		STREET ADDRESS	MARVIN WIGGINS	
CITY-ST-ZIP	CANTONMENT FL 32533		CITY-ST-ZIP	7121 CREST LANE MOLINO, FL 32577	
TITLE		☐ Delete	TITLE	☐	☑
NAME			NAME	TRUSTEE	
STREET ADDRESS			STREET ADDRESS	ROD JOHNSON	
CITY-ST-ZIP			CITY-ST-ZIP	221 ST. CHRISTOPHER ST. PENSACOLA, FL 32534	
TITLE		☐ Delete	TITLE	☐	☐
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐	☐
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Danny Conn SIGNATURE REQUIRED DANNY CONN 2/25/02 850-479-7996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #