

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

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90226 007 ****61.25

0068935

DOCUMENT # N09757

1. Entity Name

TANTON MEMORIAL BAPTIST CHURCH, INC.



Principal Place of Business

**1041 BLUE ANGEL PKWY
P.O. BOX 3617
PENSACOLA FL 32506
US**

Mailing Address

**P.O. BOX 3617
P.O. BOX 3617
PENSACOLA FL 32506
US**

2. Principal Place of Business

3. Mailing Address

TANTON Memorial
Suite, Apt. #, etc.

P.O. BOX 3617
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

PENSACOLA

City & State

FLA

4. FEI Number **59-2552190**

Applied For

Not Applicable

Zip

32506

Country

USA

Zip

32506

Country

USA

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

**KERSEY BOB
729 N 79TH AVE
909 E CERVANTES ST, SUITE A
PENSACOLA FL 32506**

Name **SAME**

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

SAME

City **SAME**

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

SIGNATURE **Bob Kersey**

Signature, typed or printed name of registered agent and title if applicable.

Bob Kersey

(NOTE: Registered Agent signature required when reinstating)

5-1-03

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MC NEELY, WM. 10128 PEPPERTREE CT PENSACOLA FL 32506	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCDAVID, HOWARD 200 MCKINLEY DR PENSACOLA FL-32505	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KERSEY, JEAN 729 N 79TH ST. PENSACOLA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEGGY MOORE 21 N EDGEWOOD CIR PENSACOLA FL 32506	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, JOHN 6826 TEMPLE LANE PENSACOLA FL 32526	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KERSEY, BOB 729 NORTH 79TH AVENUE PENSACOLA FL 32506	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**NANCY Hulet
6224 SUNTAN
PENSACOLA, Florida 32526**

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: **Bob Kersey**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bob Kersey

Date

5-1-03 850-457-8440

Daytime Phone #

CR2E037 (10/02)