

DOCUMENT # N11783

1. Entity Name

WARRINGTON WORSHIP CENTER, INC.

Principal Place of Business

Mailing Address

**398 N NAVY BLVD.
PENSACOLA FL 32507****398 N NAVY BLVD.
PENSACOLA FL 32507-2000**

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

59-2708423

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

**KLETT, DENNIS R.
110 W. MADISON
PENSACOLA FL 32505**

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	HODGES, JOHN	
STREET ADDRESS	507 IVES PLACE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	☐ Delete
NAME	ABERCROMBIE, JEFF	
STREET ADDRESS	22 FELDOR DR.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	☐ Delete
NAME	KLETT, DENNIS	
STREET ADDRESS	110 W MADISON DR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	☒ Delete
NAME	KLETT, KATHY L	
STREET ADDRESS	110 W MADISON DR	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dennis R. Klett **DENNIS R. KLETT** 1-4-00 850-456-0417

FILED

00 FEB 23 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
601694

DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)