

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N13531**

1. Entity Name

**THE GOSPEL LIGHTHOUSE CHURCH OF PENSACOLA, INC.****FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90158 002 \*\*\*\*61.25

0007263

Principal Place of Business <b>308 SOUTH JEFFERSON ST. PENSACOLA FL 32501</b>	Mailing Address <b>308 SOUTH JEFFERSON ST. PENSACOLA FL 32501</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number <b>59-2636397</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent****MATTHEWS, JR. EDESL F.  
308 SOUTH JEFFERSON ST.  
PENSACOLA FL 32501****7. Name and Address of New Registered Agent**

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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>VAN DYKE, HERBERT H.</b>	
STREET ADDRESS	<b>8172 MOBILE HWY.</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>VAN DYKE, ALICE M.</b>	
STREET ADDRESS	<b>8172 MOBILE HWY.</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	STD	<input type="checkbox"/> Delete
NAME	<b>GORDON, BRENDA</b>	
STREET ADDRESS	<b>8172 MOBILE HWY.</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Brenda Gordon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)