

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15233

1. Entity Name

AIRPORT BOULEVARD BAPTIST CHURCH INC.

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90031 006 \*\*\*\*61.25

Principal Place of Business

Mailing Address

5918 NORTH DAVIS HWY.  
PENSACOLA FL 32503-2017  
US

530 BARKWOOD DRIVE  
PACE FL 32571-8905  
US

2. Principal Place of Business

5918 N. Davis Hwy

Suite, Apt. #, etc.

3. Mailing Address

530 Barkwood Drive

Suite, Apt. #, etc.

City & State

Pensacola, Fl

City & State

Pace, Florida

4. FEI Number

59-2313458

Applied For

Not Applicable

Zip

Country

32503

Escambia

Zip

Country

32571

Santa Rosa

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

HIGDON, JERRY W  
6450 HERMITAGE DR  
PENSACOLA FL 32504

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 ☐ Delete  
NAME D  
STREET ADDRESS VOSS, WILLIS M  
CITY-ST-ZIP 530 BARKWOOD DR  
PACE FL 32571

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HAWKINS, HUSTON  
CITY-ST-ZIP 10416 WATERFORD DR  
PENSACOLA FL 32514

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS DEAL, JOHN M  
CITY-ST-ZIP 280 AIRPORT BOULEVARD  
PENSACOLA FL 32503

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

TITLE ☐ Delete  
NAME P  
STREET ADDRESS HIGDON, JERRY W  
CITY-ST-ZIP 6450 HERMITAGE DR.  
PENSACOLA FL 32504

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

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:

*SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/2000 850-994-6588  
Date Daytime Phone #

CR2E037 (9/99)