

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90117 034 \*\*\*\*61.25

**DOCUMENT # N26471**

1. Entity Name

**GREATER PENSACOLA COMMUNITY ORGANIZATIONS, INC.**

Principal Place of Business

Mailing Address

2600 W STRONG STREET (32501)  
P.O. BOX 8  
PENSACOLA FL 32591-0008

2600 W STRONG STREET (32501)  
P.O. BOX 8  
PENSACOLA FL 32591-0008

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

**59-2875693**

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

**YOUNG, REV., J.S.**  
**800 WEST LEE ST**  
**PENSACOLA FL 32501**

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 **VPD** ☐ Delete  
NAME **ALTENBAUGH, RICHARD**  
STREET ADDRESS **325 SOUTH NAVY BLVD**  
CITY-ST-ZIP **PENSACOLA FL**

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

TITLE **SD** ☐ Delete  
NAME ~~**RANDERSON, WILLIE M.**~~  
STREET ADDRESS ~~**3415 W YOUNG ST**~~  
CITY-ST-ZIP ~~**PENSACOLA FL**~~

TITLE ☐ Change ☐ Addition  
NAME **N/A**  
STREET ADDRESS **N/A**  
CITY-ST-ZIP **N/A**

TITLE **D** ☐ Delete  
NAME **YOUNG, J.S.**  
STREET ADDRESS **800 WEST LEE ST**  
CITY-ST-ZIP **PENSACOLA FL**

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

TITLE **PD** ☐ Delete  
NAME **DEMPS, WILLIE**  
STREET ADDRESS **1822 NORTH T STREET**  
CITY-ST-ZIP **PENSACOLA FL 32505**

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

TITLE **Treasurer** ☐ Delete  
NAME **Charles R. Griffen**  
STREET ADDRESS **Pensacola FL 325**  
CITY-ST-ZIP **Pensacola FL 325**

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

TITLE **Financial Secretary** ☐ Delete  
NAME **Mrs. Eddie Jones**  
STREET ADDRESS **608 West Avery St**  
CITY-ST-ZIP **Pensacola FL 32501**

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

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:

**Charles R. Griffen** **02/28/02** **850 457 3500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)