


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90009 004 ****65.00

DOCUMENT # N26471 1. Entity Name GREATER PENSACOLA COMMUNITY ORGANIZATIONS, INC.					
Principal Place of Business 2600 W STRONG STREET (32501) P.O. BOX 8 PENSACOLA, FL 32591-0008			Mailing Address 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		
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 DEMPS, REV WILLIE Street Address (P.O. Box Number is Not Acceptable) 1822 NORTH T STREET City PENSACOLA FL Zip Code 32505		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VPD ALTENBAUGH, RICHARD 325 SOUTH NAVY BLVD PENSACOLA, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD 303 S. NAVY BLVD 32507 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RANDERSON, WILLIE M 3415 W YOUNG ST PENSACOLA, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. FRANKLIN, LIZZIE 2809 RHYTHM ST. PENSACOLA, FL 32505 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, J.S. 800 WEST LEE ST PENSACOLA, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLAMY, GLORIA 491 ACTION ST PENSACOLA, FL 32514 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEMPS, WILLIE 1822 NORTH T STREET PENSACOLA, FL 32505 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	FOD BROCKWAY, DONALD D 321 DEAN RD PENSACOLA, FL 32503 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRIFFEN, CHARES R 800 WEST LEE STREET PENSACOLA, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIMS, ALICE 1822 NORTH ST PENSACOLA FL 32505 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, EDDIE 608 WEST AVERY STREET PENSACOLA, FL 32501 <input checked="" type="checkbox"/> Delete				
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: <i>Donald Brockway</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 9-5-04 Daytime Phone # 850-435-7585		

64004140



07302004 Chg-NP CR2E037 (10/03)

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 **DEMPS, REV WILLIE**
Street Address (P.O. Box Number is Not Acceptable)
1822 NORTH T STREET
City **PENSACOLA** **FL** Zip Code **32505**

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Make check payable to
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SIGNATURE: *Donald Brockway* Date **9-5-04** Daytime Phone # **850-435-7585**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR