

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 20, 2001 8:00 am**  
**Secretary of State**

04-20-2001 90013 042 \*\*\*\*\*61.25

0017887

**DOCUMENT # N28429**

1. Entity Name

**FULL GOSPEL WORSHIP CENTER, INC.**

Principal Place of Business

2328 BUSH ST.  
 PENSACOLA FL 32514  
 US

Mailing Address

2312 INDA AVENUE  
 PENSACOLA FL 32526-8856  
 US

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

59-2919496

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

PENTON, LONNIE W.  
 100 SEMINOLE TRL  
 PENSACOLA FL 32500

7. Name and Address of New Registered Agent

Name **LONNIE W. PENTON**

Street Address (P.O. Box Number is Not Acceptable)

**2328 Bush St**  
**PENSACOLA FL 32534**

City

**FL**

Zip Code  
**32534**

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 **LONNIE W. PENTON**

Signature, typed or printed name of registered agent and title if applicable.

*Lonnie W. Penton*

(NOTE: Registered Agent signature required when reinstalling)

**4-8-01**

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 **D** ☒ Delete  
 NAME **PUGH, DENNIS**  
 STREET ADDRESS **29 MOHAWK TRAIL**  
 CITY-ST-ZIP **PENSACOLA FL**

TITLE **DT** ☒ Delete  
 NAME **PUGH, DENNIS**  
 STREET ADDRESS **2212 INDA AVENUE**  
 CITY-ST-ZIP **PENSACOLA FL 32526-8856**

TITLE **DT** ☒ Delete  
 NAME **EDEN, JERRY D**  
 STREET ADDRESS **2212 INDA AVENUE**  
 CITY-ST-ZIP **PENSACOLA FL 32526-8856**

TITLE **DT** ☐ Delete  
 NAME **WALKER, DAVID**  
 STREET ADDRESS **240 MADRID ROAD**  
 CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE **PD** ☐ Delete  
 NAME **PENTON, LONNIE W**  
 STREET ADDRESS **100 SEMINOLE TRL**  
 CITY-ST-ZIP **PENSACOLA FL 32500**

TITLE **PDT** ☐ Delete  
 NAME **PENTON, LONNIE W**  
 STREET ADDRESS **100 SEMINOLE TRAIL**  
 CITY-ST-ZIP **PENSACOLA FL 32500**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SECRETARY/Trustee** ☐ Change ☒ Addition  
 NAME **Betty Gibson**  
 STREET ADDRESS **7405 SACHEM RD**  
 CITY-ST-ZIP **PENSACOLA FL 32506**

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 **PD** ☒ Change ☐ Addition  
 NAME **LONNIE W. PENTON**  
 STREET ADDRESS **2328 Bush St**  
 CITY-ST-ZIP **PENSACOLA FL 32534**

TITLE **PDT** ☒ Change ☐ Addition  
 NAME **LONNIE W. PENTON**  
 STREET ADDRESS **2328 Bush St**  
 CITY-ST-ZIP **PENSACOLA FL 32534**

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: **LONNIE W. PENTON** *Lonnie W. Penton* **4-8-01 (850) 455-1771**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)