


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90329 013 \*\*\*\*61.25

**DOCUMENT # N31596**

1. Entity Name  
**WESTMINSTER PRESBYTERIAN CHURCH OF PENSACOLA, IN  
CORPORATED**



Principal Place of Business  
**C/O TED CHUMLEY  
3626 WEST JACKSON STREET  
PENSACOLA FL 32505  
US**

Mailing Address  
**C/O TED CHUMLEY  
3626 WEST JACKSON STREET  
PENSACOLA FL 32505  
US**

00011400



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**C/O George Kessler**  
Suite, Apt. #, etc.  
**3626 West Jackson St.**

3. Mailing Address  
**Same as #2**  
Suite, Apt. #, etc.

City & State  
**Pensacola, Fl.**

City & State

4. FEI Number **59-1031744**

Applied For  
 Not Applicable

Zip  
**32505**

Country  
**US**

Zip  
Country

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent  
**SYKES, THOMAS  
1206 POPPY AVE.  
PENSACOLA FL 32507**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. 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  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

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

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>LAWRENCE, NEWMAN</b>
STREET ADDRESS	<b>6601 RICHARDS RD</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32503</b>
TITLE	<b>DP</b> <input type="checkbox"/> Delete
NAME	<b>SYKES, THOMAS</b>
STREET ADDRESS	<b>1206 POPPY AVE.</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MRS JEANNE BELL</b>
STREET ADDRESS	<b>4040 GLENWAY DR</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32526</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>MR. LARRY JORDAN</b>
STREET ADDRESS	<b>912 N 49TH ST</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32506</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>DANIEL, RICHARD</b>
STREET ADDRESS	<b>1620 W LARUA ST</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>
TITLE	<input type="checkbox"/> Delete
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Director</b>
STREET ADDRESS	<b>Mrs Celeste Ellis</b>
CITY-ST-ZIP	<b>3332 Villedge Green Dr. Pace, Fl. 32571</b>
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 info empowered.

SIGNATURE: Thomas W. Sykes **Thomas W. Sykes** 1-19-03 850 456-1008

CR2E037 (10/02)