

FILED
Sep 17, 2001 8:00 am
Secretary of State

07-10-2001 90133 040 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33236

1. Entity Name

INNER CITY MINISTRIES CHURCH OF PENSACOLA, INC.

LA

Principal Place of Business

230 N. BARCELONA
PENSACOLA FL 32501

Mailing Address

P.O. BOX 13070
PENSACOLA FL 32591

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2050706

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ANDERSON, W.B.
505 N. BAYLEN APT. 3
PENSACOLA FL FL

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

W.B. Anderson

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 ANDERSON, W.B.
STREET ADDRESS 505 N. BAYLEN APT 3.
CITY-ST-ZIP PENSACOLA FL

TITLE Change Addition

TITLE Delete
NAME GARDNER, RANDY
STREET ADDRESS 805 47TH AVE.
CITY-ST-ZIP PENSACOLA FL 32506

TITLE Change Addition

TITLE Delete
NAME RUIZ, JOSE
STREET ADDRESS 618 N. BARCELONA
CITY-ST-ZIP PENSACOLA FL 32501

TITLE Change Addition

TITLE Delete
NAME BRUMMET, BRENT
STREET ADDRESS 222 N. BARCELONA
CITY-ST-ZIP PENSACOLA FL

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE 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 thereto.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/01

Date

Daytime Phone #

CR2E037 (10/00)