## **FILED**

## Jul 12, 2001 8:00 am **Secretary of State**

07-12-2001 90118 030 \*\*\*\*61.25

## **2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N37006** 1. Entity Name

## PENTECOSTAL CHURCH OF JESUS CHRIST OF PENSACOLA,



6728 N DAVIS HWY PENSACOLA FL 32504

Principal Place of Business

Mailing Address

% PAUL R. ADAMS 6120 N PALAFOX PENSACOLA FL 32503

3. Mailing Address
Suite, Apt. #, etc.
City & State



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Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State Ci		ity & State				4. FEI Number		pplied For		
						59-3071143			ot Applicable	
Zip	Country Zip			Country			5. Certificate of Status Desired			
6. Name and Address of Current Registered Agent							7. Name and Addres	s of New Regist	ered Agent	···
,					Name					
	Street Address			dress (F	(P.O. Box Number is Not Acceptable)					
, ADAMS, PAUL R. 6728 N. DAVIS HIGHWAY						,		,		
			· ·							i
PENSACOLA FL 32504					City		·		Zip Co	de
			0,				FL Zip Coi			
8. The above	named entity submits this statement fo	r the purp	ose of changing its	register	ed office or r	egister	ed agent, or both, in the	state of Florida.		
SIGNATURE .			Carble (NOTE	. Docistoro	d Appet nigograp	n required	Lubon roinetatino)	<u> </u>	DATE	
	Signature, typed or printed name of registered agent	and tille if app	iicabie. (NOTE	: Registere	a Agent signature	e required	when reinstating)		DATE	
•			·					ì		
FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25			9. Election Campaign Finance			7	<b>\$5.00</b> May Be		heck Payable	
			Trust Fund C	ion. L	J	Added to Fees	Depai	rtment of Stat	e	
	OFFICERS AND BU	DECTOR!		11.			ADDITIONS/CHANGES	TO DEFICERS A	ND DIRECTORS I	N 10
10.	DP OFFICERS AND DI	FFICERS AND DIRECTORS		-			ADDITIONS/CHANGES	TO OFFICENS AI	Change	Addition
TITLE	ADAMS, B. W., JR.		☐ Delete	TITLE						
NAME STREET ADDRESS	6120 N. PALAFOX ST				ET ADDRESS					1
CITY-ST-ZIP	PENSACOLA FL				-ST-ZIP					
	D		☐ Delete	TITL					Change	☐ Addition
TITLE Name	ADAMS, B. W., III		L. Delete	NAM	i					
STREET ADDRESS	7177 SCHWAB DRIVE			_	ET ADDRESS			_	•	
CITY-ST-ZIP	PENSACOLA FL			CITY	-ST-ZIP					
TITLE	DST		☐ Delete	TITL	F				Change	☐ Addition
NAME	ADAMS, PAUL R.		L Delete	NAM					_ ,	_
STREET ADDRESS	6120 N. PALAFOX ST			STRE	ET ADDRESS		•			
CITY-ST-ZIP	PENSACOLA FL			CITY	-ST-ZiP					
TITLE	D	· · · · · ·	☐ Delete	TITU	E		*******		☐ Change	☐ Addition
NAME	HOUSER, GEORGE W.		LL Doloio	NAM						
STREET ADDRESS	516 YOAKUM COURT			STR	EET ADDRESS					
CITY-ST-ZIP	PENSACOLA FL			CITY	-ST-ZIP			•		
TITLE	TR		☐ Delete	TITL	E				☐ Change	☐ Addition
NAME	WILSON, WILLIAM			NAM	ie [				_	
STREET ADDRESS	6634 SUNSHINE HILL RD			STR	EET ADDRESS					
CITY-ST-ZIP	MOLINO FL 32577			CITY	-ST-ZIP					
TITLE	TR		☐ Delete	TITL	E				☐ Change	☐ Addition
NAME .	BENSON, MARK		551010	NAM	I					
STREET ADDRESS	105 ARIOLA AVE				ET ADDRESS					
CITY-ST-ZIP	PENSACOLA FL 32503			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 like empowered.

SIGNATURE:

ASSEQUIRPAUL R. ADAMS

7.8.01

850 · 477.8572