

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90088 041 *****61.25

W11419

DOCUMENT # N41700

1. Entity Name

EAST HILL BAPTIST CHURCH OF PENSACOLA, INC.

Principal Place of Business

**3960 SPANISH TRAIL
 PENSACOLA FL 32504**

Mailing Address

**3960 SPANISH TRAIL
 PENSACOLA FL 32504**

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

59-0934332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BURKHARDT, JIM
 3960 SPANISH TRAIL
 PENSACOLA FL 32501**

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.

SIGNATURE

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

TITLE **D** ☐ Delete
 NAME **LEONARD, MARY JANE**
 STREET ADDRESS **537 BRENT LN**
 CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **D** ☐ Delete
 NAME **JOHNSTON, F. H**
 STREET ADDRESS **501 KENILWORTH AVE.**
 CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE **D** ☐ Delete
 NAME **NOLAN, EARLENE**
 STREET ADDRESS **2300 AEGEAN TERR**
 CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **D** ☐ Delete
 NAME **STRASSER, K**
 STREET ADDRESS **1920 E. LLOYD ST.**
 CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **D** ☐ Delete
 NAME **WALDON, DOT**
 STREET ADDRESS **3503 TIBET DR**
 CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jim Burkhardt

4/20/01

Date

Daytime Phone #

CR2E037 (10/00)