

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90046 030 \*\*\*\*61.25

**DOCUMENT # N94000000097**

1. Entity Name

**PAUL STREET FELLOWSHIP INTERDENOMINATIONAL CHURCH, INC.**

Principal Place of Business

Mailing Address

**100 PAUL STREET  
 PENSACOLA FL 32505  
 US**

**100 PAUL ST  
 PENSACOLA FL 32505  
 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

**59-3230444**

Applied For

Not Applicable

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

**WATSON, FRANCES  
 100 PAUL STREET  
 PENSACOLA FL 32505**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
 NAME **WATSON, PARTRICK**  
 STREET ADDRESS **1312 POPPY AVE**  
 CITY-ST-ZIP **PENSACOLA FL 33507**

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

TITLE **STD** ☐ Delete  
 NAME **PATE, FRANCES**  
 STREET ADDRESS **100 PAUL STREET**  
 CITY-ST-ZIP **PENSACOLA FL 32505**

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

TITLE **D** ☐ Delete  
 NAME **PAYNE, ALICE F.**  
 STREET ADDRESS **3212 PARAZINE AVE**  
 CITY-ST-ZIP **PENSACOLA FL**

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

TITLE **D** ☐ Delete  
 NAME **WATSON, FRANCES**  
 STREET ADDRESS **1312 POPPY AVE**  
 CITY-ST-ZIP **PENSACOLA FL 32507**

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

TITLE **D** ☐ Delete  
 NAME **BUTLER, PAMELA**  
 STREET ADDRESS **104 CITRUS STREET**  
 CITY-ST-ZIP **PENSACOLA FL 32505**

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

TITLE **D** ☐ Delete  
 NAME **VARNADARES, LAURA A**  
 STREET ADDRESS **3212 PARAZINE AVENUE**  
 CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

*Frances M. Pate*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date **Jan 18, 2002** Daytime Phone # **850-457-8901**

CR2E037 (9/01)