

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90304 004 ****61.25

DOCUMENT # N94000003962

1. Entity Name

OLD PATH APOSTOLIC CHURCH, INCORPORATED

Principal Place of Business

Mailing Address

**2208 N "T" STREET
PENSACOLA FL 32505**

**P.O. BOX 2866
PENSACOLA FL 32513**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3293371

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

**MOULTRIE, FRED APOSTLE
2238 KINGFISHER WAY
PENSACOLA FL 32513**

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	DD	<input type="checkbox"/> Delete
NAME	MOULTRIE, FRED	
STREET ADDRESS	2238 KINGFISHER WAY	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MOULTRIE, PATIRCIA A	
STREET ADDRESS	2238 KINGFISHER WAY	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DTR	<input type="checkbox"/> Delete
NAME	MOULTRIE, BEABORN D	
STREET ADDRESS	303 LOUISIANA DR.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SASSER, RITA	
STREET ADDRESS	2824 HELEN ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	TRD	<input checked="" type="checkbox"/> Delete
NAME	SASSER, BOBBY	
STREET ADDRESS	2824 HELEN ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	TRD	<input type="checkbox"/> Delete
NAME	MOULTRIE, FREDERICK	
STREET ADDRESS	2292 SPARROW LN	
CITY-ST-ZIP	PENSACOLA FL	

TITLE	TRD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lou's Underwood	
STREET ADDRESS	210 E. Cross Street	
CITY-ST-ZIP	Pensacola, Fl. 32501	
TITLE	TRD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nicole Ronbron	
STREET ADDRESS	2922 Sparrow Ln.	
CITY-ST-ZIP	Pensacola, Fl. 32534	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eutheima Donaldson	
STREET ADDRESS	6728 Flagler Dr.	
CITY-ST-ZIP	Pensacola, Fl. 32503	
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 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 like empowered.

SIGNATURE:

Fred Moultrie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-2002 (850) 304-4270

Date

Daytime Phone #

CR2E037 (9/01)