

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004106

1. Entity Name

THE WESLEY FOUNDATION OF NORTHWEST FLORIDA, INC.

Principal Place of Business

ST. LUKE UMC
1394 E. NINE MILE RD.
PENSACOLA FL 32514

Mailing Address

P.O. BOX 10934
PENSACOLA FL 32524

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

59-2991537

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

POPE, KAREN P
4340 COSTA MESA
PENSACOLA FL 32501

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 ☐ Delete
NAME P
STREET ADDRESS BAILEY, BOB REV
CITY-ST-ZIP 208 PACE PARKWAY
CANTONMENT FL 32533

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

TITLE ☒ Delete
NAME D
STREET ADDRESS HAMILTON, BILL
CITY-ST-ZIP 1617 COLWYN
CANTONMENT FL 32533

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS COOK, CHRISTINE
CITY-ST-ZIP 5020 REGALO
PENSACOLA, FL 32526

TITLE ☐ Delete
NAME S
STREET ADDRESS BARKER, MARGNETTE
CITY-ST-ZIP 6300 HERMITAGE DR
PENSACOLA FL 32504

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

TITLE ☐ Delete
NAME T
STREET ADDRESS POPE, KAREN T
CITY-ST-ZIP 4340 COSTA MESA
PENSACOLA FL 32504

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

TITLE ☐ Delete
NAME D
STREET ADDRESS HELEN WENTWORTH
CITY-ST-ZIP 8380 N PALAFOX
PENSACOLA FL 32514

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

TITLE ☐ Delete
NAME D
STREET ADDRESS AVERY, CHARLES DR.
CITY-ST-ZIP P.O. BOX 2727
PENSACOLA FL 32513

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:

Karen Pope
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Resur 850-476-1683

CR2E037 (9/01)