

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90185 049 *****61.25

DOCUMENT # N95000004887

1. Entity Name

THE GREAT FAMILY NETWORK, INC.



Principal Place of Business

**1800 N PALAFOX
PENSACOLA FL 32501**

Mailing Address

**1800 N PALAFOX
PENSACOLA FL 32501**

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 **59-3377573**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIXON, BETTY L
10215 GALLUWS RD.
CANTONMENT FL 32533**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	DIXON, BETTY DR	
STREET ADDRESS	1708 ST. MARY'S BAY DRIVE	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JONES, OLIVER	
STREET ADDRESS	1991 ZIGLAR ROAD	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRSCH, BECKY	
STREET ADDRESS	1800 PALAFOX ST.	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	P, D	<input type="checkbox"/> Delete
NAME	REEVES, CONNIE	
STREET ADDRESS	3470 ROTHSCHILD DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	T, D	<input type="checkbox"/> Delete
NAME	LISTER, DAVID	
STREET ADDRESS	1629 KINSALE DRIVE	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	S, D	<input type="checkbox"/> Delete
NAME	BERNARD, ANN	
STREET ADDRESS	10531 GULF BEACH HWY	
CITY-ST-ZIP	PENSACOLA FL 32507	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Betty Arnold	
STREET ADDRESS	6576 Caroline St	
CITY-ST-ZIP	Milton, FL 32570	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Honor Bell	
STREET ADDRESS	250 Dallas St.	
CITY-ST-ZIP	Pensacola, FL 32526	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cindy Dawkins	
STREET ADDRESS	3046 E. Kingsfield Rd	
CITY-ST-ZIP	Pensacola, FL 32514	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Father Jack Gray	
STREET ADDRESS	6200 Sawley Field Rd	
CITY-ST-ZIP	Pensacola, FL 32526	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Stobbins	
STREET ADDRESS	10244 Sugar Creek Place	
CITY-ST-ZIP	Pensacola, FL 32514	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Father Dominic Dat Tran	
STREET ADDRESS	3131 Hyde Park Road	
CITY-ST-ZIP	Pensacola, FL 32503	

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:

David Lister **REDAVID LISTER, TREASURER**

4-21-03

850-435-8300

CR2E037 (10/02)

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Copy Attachment

0007988

90106902

DOCUMENT # **N95000004887**

1. Entity Name

THE GREAT FAMILY NETWORK, INC.



Principal Place of Business 1800 N PALAFOX PENSACOLA FL 32501	Mailing Address 1800 N PALAFOX PENSACOLA FL 32501
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3377573		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DIXON, BETTY L 10215 GALLUWS RD. CANTONMENT FL 32533		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<div>FL</div> <div>Zip Code</div>	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIXON, BETTY DR 1708 ST. MARY'S BAY DRIVE MILTON FL 32583	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Peggy Walker 613 Silverthorn Rd Gulf Breeze, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, OLIVER 1991 ZIGLAR ROAD CANTONMENT FL 32533	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mary Lou Darby 6569 Lee St. Milton, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRSCH, BECKY 1800 PALAFOX ST. PENSACOLA FL 32504	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vicki Davis 6020 Songbird Dr. Pensacola, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REEVES, CONNIE 3470 ROTHSCHILD DRIVE PENSACOLA FL 32503	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LISTER, DAVID 1629 KINSALE DRIVE CANTONMENT FL 32533	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERNARD, ANN 10531 GULF BEACH HWY PENSACOLA FL 32507	TITLE 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: **SIGNATURE REQUIRED**

CR2E037 (10/02)