

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90122 001 ***140.00

DOCUMENT # N96000001782

1. Entity Name
OLD CHRIST CHURCH FOUNDATION, INC.



Principal Place of Business
18 W WRIGHT ST
PENSACOLA, FL 32501

Mailing Address
18 W WRIGHT ST
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

01272004 Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRINDLE, TIM
18 W WRIGHT ST
PENSACOLA, FL 32501

HEINDL, TIM

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. 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

Filing Fee is \$61.25
Due by May 1, 2004

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

TITLE DP ☐ Delete
NAME CUURIN, MADISON B
STREET ADDRESS 510 N 20TH AVE
CITY-ST-ZIP PENSACOLA, FL 32501

TITLE DC ☐ Delete
NAME HOGEMAN, WYLIE
STREET ADDRESS 1920 VILLAFANE DRIVE
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE D ☐ Delete
NAME BEINDL, TIM
STREET ADDRESS 420 WOODBINE DR
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE SD ☐ Delete
NAME MAGIE, RODERIC
STREET ADDRESS 609 CROWN COVE
CITY-ST-ZIP PENSACOLA, FL 32501

TITLE TD ☐ Delete
NAME OWENS, THOMAS F
STREET ADDRESS 1901 E GARDEN ST
CITY-ST-ZIP PENSACOLA, FL 32501

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

TITLE ☒ Change ☐ Addition
NAME HEINDL, TIM
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

Tim Heindl

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/04

Date

Daytime Phone #

850-432-5115