

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90723 033 *****61.25

DOCUMENT #

1. Entity Name

N96000001782

OLD CHRIST FOUNDATION, INC.



DO NOT WRITE IN THIS SPACE

90074718

2. Principal Place of Business
18 W WRIGHT ST

3. Mailing Address
18 W WRIGHT ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PENSACOLA, FL

City & State
PENSACOLA, FL

4. FEI Number

Applied For

Not Applicable

Zip
32501

Country
USA

Zip
32501

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **TIM HEINDL**

Street Address (P.O. Box Number is Not Acceptable)
18 W WRIGHT ST

City **PENSACOLA**

FL

Zip Code
32501

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

TIM HEINDL

4/4/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
B MADISON CURRIN
510 N 20TH AVE
PENSACOLA, FL 32501

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
RODERIC MAGIE
609 CRANE COVE
PENSACOLA, FL 32501

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DT
THOMAS F OWENS
1901 E GADSDEN ST
PENSACOLA, FL 32501

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DC
WYLIE HOGEAN
1920 VILLAFANE DR
PENSACOLA, FL 32503

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

4/4/03 850-432-5115

CR2E037B (12/02)