

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90164 046 \*\*\*\*70.00

**DOCUMENT # N97000000657**

1. Entity Name

**EVANGEL CHRISTIAN CHURCH OF SANTA ROSA, INC.**

Principal Place of Business

**210 MARGARET STREET  
 MILTON FL 32570**

Mailing Address

**210 MARGARET STREET  
 MILTON FL 32570**

2. Principal Place of Business

**6763 Margaret ST**  
 Suite, Apt. #, etc.

3. Mailing Address

**6763 MARGARET ST**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**MILTON, FL.**

City & State

**MILTON, FL.**

4. FEI Number

**59-3423243**

Applied For

Not Applicable

Zip

**32570**

Country

**SANTA ROSA**

Zip

**32570**

Country

**SANTA ROSA**

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JERNIGAN, STEPHEN L  
 210 MARGARET STREET  
 MILTON FL 32570**

7. Name and Address of New Registered Agent

Name

**STEPHEN L. JERNIGAN**

Street Address (P.O. Box Number is Not Acceptable)

**6763 MARGARET ST.**

City

**MILTON**

**FL**

Zip Code

**32570**

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

**STEPHEN L. JERNIGAN**

**02/07/02**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	JERNIGAN, STEPHEN L	
STREET ADDRESS	1886 SCHNOOR RD	
CITY-ST-ZIP	JAY FL 32565	
TITLE	D	<input type="checkbox"/> Delete
NAME	JERNIGAN, LORA	
STREET ADDRESS	1886 SCHNOOR RD	
CITY-ST-ZIP	JAY FL 32565	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNCAN, KAREN	
STREET ADDRESS	780 ASH DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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:

**STEPHEN L. JERNIGAN**

**02/07/02**

**(850)  
 450-1448**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)