

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90111 028 ****70.00

DOCUMENT # N97000006117

1. Entity Name

HOLY WORD OF GOD FELLOWSHIP, INC.

Holy Word of God Fellowship Inc.

Principal Place of Business

6229 WYNDOTTE ROAD
 PENSACOLA FL 32526

Mailing Address

6229 WYNDOTTE ROAD
 PENSACOLA FL 32526

2. Principal Place of Business

3. Mailing Address

6229 Wyndotte Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FLA.

City & State

Pensacola, FL

4. FEI Number

59-3477891

Applied For

Not Applicable

Zip

32526

Country

Escambia

Zip

32526

Country

Escambia

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAKER, RONALD E
 12459 AIRBLANC BLDG O APT B
 PENSACOLA FL 32506

7. Name and Address of New Registered Agent

Name: *Ronald E. Baker*
 Street Address (P.O. Box Number is Not Acceptable): *6229 Wyndotte Rd*
 City: *Pensacola, FL* Zip Code: *32526*

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: *Ronald E. Baker*

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 NAME STREET ADDRESS CITY-ST-ZIP	DP BAKER, RONALD E 12459 AIRBLANC CIR #0-B PENSACOLA FL 32506	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BAKER, BARBARA J 12459 AIRBLANC CIR #0-B PENSACOLA FL 32506	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, DONALD A 215 BRIDGE CITY DR PENSACOLA FL 32506	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SKOWRONSKI, DONALD T 20391 BOGGY LANE SEMINOLE FL 36574	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SKOWRONSKI, GLENDA F 20391 BOGGY LANE SEMINOLE FL 36574	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAUGHERTY, JOHN R SR 6432 RELEE CIR MILTON FL 32583	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Ronald E Baker</i> <i>6229 Wyndotte Rd.</i> <i>Pensacola, FL 32526</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Barbara J. Baker</i> <i>6229 Wyndotte Rd</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ronald E. Baker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(850) 457 3376

CR2E037 (10/00)