

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006117

1. Entity Name

HOLY WORD OF GOD FELLOWSHIP, INC.

**FILED**  
Feb 26, 2002 8:00 am  
Secretary of State

02-26-2002 90076 017 \*\*\*\*70.00

Principal Place of Business

Mailing Address

6229 WYNDOTTE ROAD  
PENSACOLA FL 32526

6229 WYNDOTTE ROAD  
PENSACOLA FL 32526

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

59-3477891

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAKER, RONALD E  
6229 WYNDOTTE RD  
PENSACOLA FL 32526

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.

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	BAKER, RONALD E	
STREET ADDRESS	6229 WYNDOTTE RD	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BAKER, BARBARA J	
STREET ADDRESS	6229 WYN DOTTE RD	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SKOWRONSKI, DONALD T	
STREET ADDRESS	20391 BOGGY LANE	
CITY-ST-ZIP	SEMINOLE FL 36574	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SKOWRONSKI, GLENDA F	
STREET ADDRESS	20391 BOGGY LANE	
CITY-ST-ZIP	SEMINOLE FL 36574	
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"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)