

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jul 09, 2002 8:00 am**  
**Secretary of State**

07-09-2002 90373 042 \*\*\*\*61.25

**DOCUMENT # N97000006891**

1. Entity Name

**TRINITY HOLINESS CHURCH OF PENSACOLA, INC.**

Principal Place of Business

Mailing Address

**7860 GRAVES ROAD  
PENSACOLA FL 32514****6540 FAIRGROUND ROAD  
MOLINO FL 32577**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3482434**

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**

Name

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

City

**FL**

Zip Code

**POPE, JOSHUA  
6540 FAIRGROUND ROAD  
MOLINO FL 32577****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

**After September 13, 2002,  
min. will be \$236.25.**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>POPE, JOSHUA J</b>	
STREET ADDRESS	<b>6540 FAIRGROUND ROAD</b>	
CITY-ST-ZIP	<b>MOLINO FL 32577</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>PARKERSON, LUTHER A</b>	
STREET ADDRESS	<b>1111 OTTERS CREEK CHURCH ROAD</b>	
CITY-ST-ZIP	<b>MACCLEASFIELD NC 27852</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>FINLEY, DENNIS</b>	
STREET ADDRESS	<b>212 N. "L" STREET</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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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: *Joshua J. Pope***REQUIRED**

7-2-02

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CR2E037 (4/02)