

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90063 027 ****61.25

DOCUMENT # N99000003338

1. Entity Name

GULF COAST AFRICAN AMERICAN CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

**945 W MICHIGAN AVE
 PENSACOLA FL 32505**

**P.O. BOX 2451
 PENSACOLA FL 32513**

2. Principal Place of Business

514 No. Baylen St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Pensacola FL

City & State

4. FEI Number

59-3681641

Applied For

Not Applicable

Zip

32501

Country

US

Zip

Country

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

**STANBERRY, WILLIEMAE
 3104 LAS BRISAS DR
 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 **CD** ☐ Delete
 NAME **FRANKLIN, EUGENE**
 STREET ADDRESS **945 W MICHIGAN AVE**
 CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE **CD** ☐ Change ☒ Addition
 NAME **Cornelius Wooten**
 STREET ADDRESS **2004 Bearcat Ct.**
 CITY-ST-ZIP **Pensacola, FL 32507-9198**

TITLE **BY D** ☐ Delete
 NAME **HAYES, BOB**
 STREET ADDRESS **2618 DR MARTIN LUTHER KING JR DR STE A**
 CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **EV D** ☐ Delete
 NAME **THOMPSON, LINDA**
 STREET ADDRESS **3642 BARRANCAS AVE**
 CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **TD** ☒ Change ☐ Addition
 NAME **Thompson, Linda**
 STREET ADDRESS **3642 Barrancas Ave.**
 CITY-ST-ZIP **Pensacola, FL 32507**

TITLE **SD** ☒ Delete
 NAME **STANBERRY, WILLIEMAE**
 STREET ADDRESS **P.O. BOX 37044**
 CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **SD** ☒ Change ☐ Addition
 NAME **Darnell Sims**
 STREET ADDRESS **1805 N. 6th Ave.**
 CITY-ST-ZIP **Pensacola, FL 32503**

TITLE **TD** ☒ Delete
 NAME **LANE, NADINE**
 STREET ADDRESS **312 E NONE MILE RD #11**
 CITY-ST-ZIP **PENSACOLA FL 32584**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Williemae Stanberry
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-02 **850 423-0593**
 Date Daytime Phone #

CR2E037 (9/01)