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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701117 (4)

1. Corporation Name

EAST BRENT BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

4801 NORTH DAVIS HIGHWAY
PENSACOLA FL 32503

4801 NORTH DAVIS HIGHWAY
PENSACOLA FL 32503-2342

3. Date Incorporated or Qualified
06/23/1960

3a. Date of Last Report
02/09/1996

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-1159490

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATTERSON, DR A DALE
4801 NO DAVIS HIGHWAY
PENSACOLA FL 32503

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S
NAME HAND, MIKE
STREET ADDRESS 5642 SANDSTONE DR
CITY-ST-ZIP PACE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD
NAME VAN MATRE, GEORGE
STREET ADDRESS 405 YORK STREET
CITY-ST-ZIP GULF BREEZE FL

2.1 TITLE VPD
2.2 NAME Yellio, Gene
2.3 STREET ADDRESS 596 Newitt St
2.4 CITY-ST-ZIP Pensacola, FL 32503

TITLE PD
NAME BRADSHAW, GEORGE
STREET ADDRESS 8562 BELLE MEADOW BLVD
CITY-ST-ZIP PENSACOLA FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME PATTERSON, A. DALE DR.
STREET ADDRESS 9625 PICKWOOD DR.
CITY-ST-ZIP PENSACOLA FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-97 700-47-6812
Date Daytime Phone # 0072893

CR2E07 (9/96)