

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90006 036 ****61.25

DOCUMENT # 717119

1. Corporation Name

WEST PENSACOLA BAPTIST CHURCH, INC.

Principal Place of Business

5213 W. JACKSON ST.
PENSACOLA FL 32506
US

Mailing Address

5213 W. JACKSON ST.
PENSACOLA FL 32506-5330
US

6 8 7 2 5 9 - 9 0 0 0 4 - 4 2 9 *



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

3. Date Incorporated or Qualified

09/09/1969

4. FEI Number

59-1495203

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ANDREWS, PATRICK R.
1222 DEMETER ST
PENSACOLA FL 32506

10. Name and Address of New Registered Agent

81 Name

Charles Salvaggio

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

104 Elm Street

83

84 City

Pensacola

FL

85 Zip Code

32506

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

Charles J. Salvaggio

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

(NOTE: Registered Agent signature required when reinstating)

07-14-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **KING, VIRGINIA**
CITY-ST-ZIP **7446 KLONDIKE RD**
PENSACOLA FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **TAYLOR, EDDIE**
CITY-ST-ZIP **7048 GLENDORA ST**
PENSACOLA FL

TITLE ☐ DELETE
NAME **DT**
STREET ADDRESS **LEWIS, GARY**
CITY-ST-ZIP **223 TOPAZ ST**
PENSACOLA FL

TITLE ☐ DELETE
NAME **DC**
STREET ADDRESS **MARKHAM, RANDY**
CITY-ST-ZIP **7225 W FAIRFIELD DR APT E6**
PENSACOLA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-14-99

Date

850-455-6077

Daytime Phone #

CR2E037 (5/99)