2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 736099

1. Entity Name
PINEHAVEN BAPTIST CHURCH, INC.

FILED
Mar 08, 2004 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
10400 PALAFOX PENSACOLA, FL 32534	P.O. BOX 7034 PENSACOLA, FL 32534

02032004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, JAMES
801 W. ROBERTS RD
CANTONMENT, FL 32533

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WHEELER, JOHN
STREET ADDRESS	11103 BOUNDRY LINE RD
CITY-ST-ZIP	MILTON, FL 32583
TITLE	D
NAME	THOMPSON, JAMES
STREET ADDRESS	801 W. ROBERTS ROAD
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	D
NAME	FREEMAN, BOB
STREET ADDRESS	9111 UNTREINER AVENUE
CITY-ST-ZIP	PENSACOLA, FL 32534
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000079962
03/08/04-80089-021 61.25

DO NOT WRITE IN THIS SPACE

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: James Thompson James Thompson 2-8-04 (850) 478-4599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #