

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 736099
1. Entity Name
PINEHAVEN BAPTIST CHURCH, INC.



Principal Place of Business
**10400 PALAFOX
PENSACOLA, FL 32534**

Mailing Address
**P.O. BOX 7034
PENSACOLA, FL 32534**



01052005 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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 BOUNDARY 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	

1000000177041
01/11/05-80021-005 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 1/05/05 (850) 477-4599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #