2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # 736099

1. Entity Name
PINEHAVEN BAPTIST CHURCH, INC.

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

02072008 No Chg-NP CR2E037 (4/06)

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

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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, 2008

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

U00000824986
02/20/08-80102-007 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PITTMAN, OSCAR
STREET ADDRESS	1015 DUNMIRE STREET
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	D
NAME	THOMPSON, JAMES
STREET ADDRESS	801 W. ROBERTS ROAD
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	D
NAME	FREEMAN, BOB
STREET ADDRESS	9681 PINE CONE DRIVE
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 2/10/08 850-476-6331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #