

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90198 038 \*\*\*\*61.25

**DOCUMENT # 764709**

1. Entity Name  
**ST. PAUL EVANGELICAL LUTHERAN CHURCH OF  
PENSACOLA, INC.**



Principal Place of Business  
**4600 N 9TH AVE  
PENSACOLA, FL 32503-2444 US**

Mailing Address  
**4600 N 9TH AVE  
PENSACOLA, FL 32503-2444 US**

60001937



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-0371049**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURKHALTER, LINDA C  
5316 SUSSEX LANE  
PACE, FL 32571**

Name **GIBBONS, NANCY**

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

**1155 BLOODWORTH LANE**

City **PENSACOLA**

FL Zip Code **32504**

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

*Nancy Gibbons*

**NANCY GIBBONS  
PRESIDENT**

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME **BURKHALTER, LINDA**  
STREET ADDRESS **5316 SUSSEX LANE**  
CITY-ST-ZIP **PACE, FL 32571**

TITLE PD ☒ Change ☐ Addition  
NAME **GIBBONS, NANCY**  
STREET ADDRESS **1155 BLOODWORTH LANE**  
CITY-ST-ZIP **PENSACOLA, FL 32504**

TITLE VD ☒ Delete  
NAME **HAYES, FRANK**  
STREET ADDRESS **2026 BLUE SKY DRIVE**  
CITY-ST-ZIP **PENSACOLA, FL 32506**

TITLE VD ☒ Change ☐ Addition  
NAME **MORGAN, PETE**  
STREET ADDRESS **3698 SAWMILL CIRCLE**  
CITY-ST-ZIP **PACE, FL 32571**

TITLE TD ☐ Delete  
NAME **MOORE, GREGORY**  
STREET ADDRESS **2242 INVERNESS DR**  
CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME **BALDWIN, DOLMAN**  
STREET ADDRESS **5457 ROWE TRAIL**  
CITY-ST-ZIP **PACE, FL 32571**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☒ Delete  
NAME **MAGNUSON, HELEN**  
STREET ADDRESS **6538 BELLVIEW PINES RD**  
CITY-ST-ZIP **PENSACOLA, FL 32526**

TITLE SD ☒ Change ☐ Addition  
NAME **ASPLIDEN, ELEANOR**  
STREET ADDRESS **1169 WINDCHIME WAY**  
CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*GREGORY L MOORE*

**GREGORY L. MOORE  
TREASURER**

1-7-07

850-438-5229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #