

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # N31596
 1. Entity Name
WESTMINSTER PRESBYTERIAN CHURCH OF PENSACOLA, INCORPORATED



Principal Place of Business Mailing Address
C/O GEORGE KESSLER **C/O GEORGE KESSLER**
3626 WEST JACKSON STREET **3626 WEST JACKSON STREET**
PENSACOLA FL 32505 **PENSACOLA FL 32505**
US **US**



2. Principal Place of Business -- No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1031744** Applied For Not Applicable

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

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent
SYKES, THOMAS
1206 POPPY AVE.
PENSACOLA FL 32507

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *Thomas W. Sykes* **THOMAS W. SYKES** *Clerk of Session* **3/10/08**
Signature, last or present name of registered agent and the filer, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

TITLE	D	<input type="checkbox"/> Delete
NAME	LAWRENCE, NEWMAN	
STREET ADDRESS	6601 RICHARDS RD	
CITY- ST- ZIP	PENSACOLA FL 32503	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SYKES, THOMAS	
STREET ADDRESS	1206 POPPY AVE.	
CITY- ST- ZIP	PENSACOLA FL 32507	
TITLE	D	<input type="checkbox"/> Delete
NAME	MRS JEANNE BELL	
STREET ADDRESS	4040 GLENWAY DR	
CITY- ST- ZIP	PENSACOLA FL 32526	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTEL, LINDA MRS	
STREET ADDRESS	870 GREEN HILLS RD	
CITY- ST- ZIP	CANTONMENT FL 32533	
TITLE	D	<input type="checkbox"/> Delete
NAME	DANIEL, RICHARD	
STREET ADDRESS	1620 W LARUA ST	
CITY- ST- ZIP	PENSACOLA FL 32501	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000871741	
CITY- ST- ZIP	04/10/08-80011-007 61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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: *Thomas Sykes* **THOMAS SYKES** *3/10/08* **850 456-1008**