

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 13 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N33500 (2)
 1. Corporation Name
THE WEST FLORIDA BAPTIST INSTITUTE, INC.



Principal Place of Business 6812 LILLIAN HWY PENSACOLA FL 32506 US	Mailing Address 6812 LILLIAN HIGHWAY PENSACOLA FL 32506-3954
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3. Date Incorporated or Qualified 08/04/1989	3a. Date of Last Report 06/13/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2065823	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**BOWMAN, R.L.
5056 GUERNSEY ROAD
MILTON FL 32571**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	BOWMAN, R.L.
STREET ADDRESS	5056 GUERNSEY RD.
CITY-ST-ZIP	MILTON FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BOWMAN, CHARLES
STREET ADDRESS	5036 GUERNSEY RD
CITY-ST-ZIP	MILTON FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PARRISH, GRADY
STREET ADDRESS	RT 2 BOX 193-C
CITY-ST-ZIP	GREENVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MORTON, PERRY
STREET ADDRESS	387 N. 57TH AVE.
CITY-ST-ZIP	PENSACOLA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PHILLEY, TROY
STREET ADDRESS	3020 BENT OAK DR.
CITY-ST-ZIP	PENSACOLA FL
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	STRICKLAND, HERMAN H.
STREET ADDRESS	4217 QUEENS CT
CITY-ST-ZIP	MILTON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	E. Danny Harris
6.3 STREET ADDRESS	5223 Hwy 90
6.4 CITY-ST-ZIP	Milton, FL 32571

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Herman H. Strickland* **1-28-97** **904-455-4417**

CF2E037 (9/96)