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Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 32508
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3. Date Incorporated or Qualified 08/04/1989	
4. FEI Number 59-2965823	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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	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 checked="" 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	HARRIS, E DANNY	
STREET ADDRESS	5223 HWY 90	
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 checked="" type="checkbox"/> Addition
3.2 NAME	D Bill Chisholm
3.3 STREET ADDRESS	108 Castle Dr.
3.4 CITY-ST-ZIP	Mary Esther, FL 32569
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	P Tim J. Shelton
6.3 STREET ADDRESS	5360 Hamilton Lane
6.4 CITY-ST-ZIP	Pace, FL 32571

14. 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 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: *Robert L. Bowman* **ROBERT L. BOWMAN** 850-994-6275

CR2E037 (10/97)