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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N33500

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



| | | | | | |
|--------------------------------|-------------|-------------------------|-------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 08/04/1989 | |
| 22. Suite, Apt. #, etc. | | 27. Suite, Apt. #, etc. | | 4. FEI Number | |
| | | | | 59-2965823 | |
| 23. City & State | | 28. City & State | | 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 | |
| 24. Zip | 25. Country | 29. Zip | 30. Country | | |
| | | | | | |

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 |
| | FL |

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOWMAN, R.L. | 1.2 NAME | |
| STREET ADDRESS | 5056 GUERNSEY RD. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MILTON FL | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOWMAN, CHARLES | 2.2 NAME | |
| STREET ADDRESS | 5036 GUERNSEY RD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MILTON FL | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHISHOLM, BILL | 3.2 NAME | |
| STREET ADDRESS | 108 CASTLE DR | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MARY ESTHER FL 32569 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MORTON, PERRY | 4.2 NAME | |
| STREET ADDRESS | 387 N. 57TH AVE. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PHILLEY, TROY | 5.2 NAME | D- Dewayne Williams |
| STREET ADDRESS | 3020 BENT OAK DR. | 5.3 STREET ADDRESS | 17 St. Regis Ave. |
| CITY-ST-ZIP | PENSACOLA FL | 5.4 CITY-ST-ZIP | Pensacola, FL 32505 |
| TITLE | P <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHELTON, TIM J. | 6.2 NAME | |
| STREET ADDRESS | 5360 HAMILTON LANE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | PACE FL 32571 | 6.4 CITY-ST-ZIP | |

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, with all other like empowered.

SIGNATURE: R. S. Bowman SIGNATURE REQUIRED

Date: 3-23-99 Daytime Phone #: 850-994-6325

CR2E037 (11/98)