

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90105 050 ****61.25

DOCUMENT # N33500

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2965823

Applied For

Not Applicable

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

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	CHISHOLM, BILL	
STREET ADDRESS	108 CASTLE DR	
CITY-ST-ZIP	MARY ESTHER FL 32569	
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	WILLIAMS, DEWAYNE	
STREET ADDRESS	17 ST. REGIS AVE	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	P	<input type="checkbox"/> Delete
NAME	SHELTON, TIM J.	
STREET ADDRESS	5360 HAMILTON LANE	
CITY-ST-ZIP	PACE FL 32571	

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	
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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 exemption stated in Section 119.07(3)(i), 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: *Robert L. Bowman* **ROBERT L. BOWMAN** 4-17-02 850 994-6325
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)