


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N33500

1. Entity Name
 THE WEST FLORIDA BAPTIST INSTITUTE, INC.



Principal Place of Business Mailing Address

6812 LILLIAN HWY 6812 LILLIAN HIGHWAY
 PENSACOLA, FL 32506 US PENSACOLA, FL 32506

DO NOT WRITE IN THIS SPACE



06292005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2965823	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BOWMAN, R.L.
STREET ADDRESS	5056 GUERNSEY RD.
CITY-ST-ZIP	MILTON, FL
TITLE	D
NAME	BOWMAN, CHARLES
STREET ADDRESS	5036 GUERNSEY RD
CITY-ST-ZIP	MILTON, FL
TITLE	D
NAME	MORTON, PERRY
STREET ADDRESS	387 N. 57TH AVE.
CITY-ST-ZIP	PENSACOLA, FL
TITLE	D
NAME	WILLIAMS, DEWAYNE
STREET ADDRESS	17 ST. REGIS AVE
CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	D
NAME	MUNOZ, FELIX
STREET ADDRESS	5654 MILLIGAN FORD ROAD
CITY-ST-ZIP	MILTON, FL 32571
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 07/20/05-80004-006 61.25

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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: *Charles R. Bowman* 7-6-05 850-444-6691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #