

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 A
Secretary of State

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
---	--

DO NOT WRITE IN THIS SPACE



04072008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

**MUNOZ, FELIX
5654 MILLIGAN FORD ROAD
MILTON, FL 32571**

DO NOT WRITE IN THIS SPACE

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, HERMAN 5313 MORGAN RIDGE DR. MILTON, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWMAN, CHARLES 5036 GUERNSEY RD MILTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORTON, PERRY 387 N. 57TH AVE. PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, DEWAYNE 17 ST. REGIS AVE PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNOZ, FELIX CHAIRMA 5654 MILLIGAN FORD ROAD MILTON, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000890121
04/22/08-80082-004 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Herman Rogers* **DIRECTOR** **4/7/2008** **(850) 455-4497**

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