


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90145 008 ****61.25

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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
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. 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 | 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 checked="" type="checkbox"/> Delete |
| NAME | SHELTON, TIM J. | |
| STREET ADDRESS | 5360 HAMILTON LANE | |
| CITY-ST-ZIP | PACE FL 32571 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|-------------------------------------------------------------------|
| 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 | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
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| 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 | | |

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: **SIGNATURE** *R. L. Bowman* **4-23-03 850994-6025**

CR2E037 (10/02)