

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90093 001 \*\*\*\*61.25

**DOCUMENT # N42406**  
 1. Entity Name  
**NORTHMINSTER PRESBYTERIAN CHURCH (U.S.A.) OF PENSACOLA, FLORIDA, INC.**

Principal Place of Business: **1100 E. NINE MILE ROAD PENSACOLA FL 32514 US**  
 Mailing Address: **1100 E. NINE MILE ROAD PENSACOLA FL 32514 US**



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number: **59-3063245**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WASDIN, EDWARD L  
 2371 BERRYDALE RD  
 PENSACOLA FL 32534**

7. Name and Address of New Registered Agent  
 Name: **Walk C. Jones, IV**  
 Street Address (P.O. Box Number is Not Acceptable): **1065 MacGregor Dr.**  
 City: **Pensacola** FL Zip Code: **32514**

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]* **Walk C. Jones, IV** DATE: **4-14-04**  
 (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
 Due By May 1, 2004**

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 NAME: WASDIN, EDWARD L STREET ADDRESS: 2371 BERRYDALE RD CITY-ST-ZIP: PENSACOLA FL 32534	<input type="checkbox"/> Delete
TITLE: D NAME: SILVERTHORNE, ROGER STREET ADDRESS: 724 BOULDER CREEK DR CITY-ST-ZIP: PENSACOLA FL 32514	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: BURNS, BILL STREET ADDRESS: 3004 GREYSTONE DR CITY-ST-ZIP: PACE FL 32571	<input type="checkbox"/> Delete
TITLE: D NAME: MCNULTY, NEELTJE STREET ADDRESS: 1002 N BAYLEN ST CITY-ST-ZIP: PENSACOLA FL 32501	<input checked="" type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P/D NAME: Wasdin, Edward L. STREET ADDRESS: 2371 Berrydale Rd CITY-ST-ZIP: Pensacola, FL 32534	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S/T/D NAME: Hardin, Tracie STREET ADDRESS: 3103 Wiggens Lane CITY-ST-ZIP: Cantonment, FL 32533	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: V/D NAME: Burns, Bill STREET ADDRESS: 3004 Greystone Dr CITY-ST-ZIP: Pace, FL 32571	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **Edward L. Wasdin** DATE: **4/14/04** Daytime Phone #: **850-937-6749**