

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005281 (1)

1. Corporation Name

LANDMARK MISSIONARY BAPTIST CHURCH OF PENSACOLA, INC.



Principal Place of Business

Mailing Address

7622 W. LILLIAN HWY.
PENSACOLA FL 32506

7622 W. LILLIAN HWY.
PENSACOLA FL 32506

3. Date Incorporated or Qualified
11/15/1993

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-3215305

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ADAMS, W. L.
7622 LILLIAN HIGHWAY
PENSACOLA FL 32506**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **T** DELETE
NAME **WILLIAMSON, JOHN**
STREET ADDRESS **7400 FABIANO ST.**
CITY-ST-ZIP **PENSACOLA FL 32506**

11 TITLE Change Addition
12 NAME **TRUSTEE**
13 STREET ADDRESS **Troy Philley**
14 CITY-ST-ZIP **3020 BRENT OAKS DR. PENSACOLA FL 32526**

TITLE **T** DELETE
NAME **SOUTHERN, RICHARD**
STREET ADDRESS **5908 FOSTER ST.**
CITY-ST-ZIP **PENSACOLA FL 32526**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE **D** DELETE
NAME **WILLIAMS, DWAYNE**
STREET ADDRESS **17 ST. REGIS DR.**
CITY-ST-ZIP **PENSACOLA FL 32505**

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE **D** DELETE
NAME **MEDLEY, P.M.**
STREET ADDRESS **221 CORDOBA ST.**
CITY-ST-ZIP **GULF BREEZE FL 32561**

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sandra Ray **SANDRA RAY**

1/25/96

(904) 444-8900

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)