

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

**FILED**  
**Feb 17, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000005281</b> 1. Entity Name <b>LANDMARK MISSIONARY BAPTIST CHURCH OF PENSACOLA, INC.</b>	
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Principal Place of Business <b>7622 W. LILLIAN HWY. PENSACOLA FL 32506</b>	Mailing Address <b>7622 W. LILLIAN HWY. PENSACOLA FL 32506</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

<b>6. Name and Address of Current Registered Agent</b>  <b>ADAMS, W. L. 7622 LILLIAN HIGHWAY PENSACOLA FL 32506</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code
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4. FEI Number <b>59-3215305</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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 *W. L. Adams* *W. L. Adams* *2/14/04*  
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**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME	PHILLEY, TROY <input type="checkbox"/> Delete
STREET ADDRESS	3020 BRENT OAKS DRIVE
CITY - ST - ZIP	PENSACOLA FL
TITLE NAME	WILLIAMS, DWAYNE <input type="checkbox"/> Delete
STREET ADDRESS	17 ST. REGIS DR.
CITY - ST - ZIP	PENSACOLA FL 32505
TITLE NAME	CARNEY, JOHN <input type="checkbox"/> Delete
STREET ADDRESS	5775 TALQUIN AVE
CITY - ST - ZIP	PENSACOLA FL 32526
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *W. L. Adams* *W. L. Adams* *2/14/04* *(850) 456-3116*  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #