


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2008 08:00 A**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # N93000005281</b><br>1. Entity Name<br><b>LANDMARK MISSIONARY BAPTIST CHURCH OF PENSACOLA, INC.</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>7622 W. LILLIAN HWY.<br/>PENSACOLA FL 32506</b> | Mailing Address<br><b>7622 W. LILLIAN HWY.<br/>PENSACOLA FL 32506</b> |
|---|---|



|  |                    |
|--|--------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc                             | Suite, Apt. #, etc |
| City & State                                   | City & State       |
| Zip  | Country            |

1st MOORE CR2E037 (10/07)

|   |  |
|---|--|
| 4. FEI Number<br><b>59-3215305</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|   |
|---|
| <b>6. Name and Address of Current Registered Agent</b>              |
| <b>WILLIAMS, DEWAYNE<br/>17 ST REGIS DR.<br/>PENSACOLA FL 32505</b> |

|  |
|--|
| <b>7. Name and Address of New Registered Agent</b> |
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City   |
| State: <b>FL</b> 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 *Dewayne Williams* *DEWAYNE WILLIAMS* *1-30-08*  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature is required when registering) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

|  |                                    |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|--|------------------------------------|

**Make Check Payable to  
Florida Department of State**

| 10. OFFICERS AND DIRECTORS |  |
|----------------------------|--|
| TITLE                      | T <input type="checkbox"/> Delete<br><b>SCOTT, STEPHEN B</b><br>802 N 75TH AVE<br>PENSACOLA FL 32506   |
| TITLE                      | D <input type="checkbox"/> Delete<br><b>WILLIAMS, DWAYNE</b><br>17 ST. REGIS DR.<br>PENSACOLA FL 32505 |
| TITLE                      | T <input type="checkbox"/> Delete<br><b>CARNEY, JOHN</b><br>5775 TALQUIN AVE<br>PENSACOLA FL 32526     |
| TITLE                      | <input type="checkbox"/> Delete  |
| TITLE                      | <input type="checkbox"/> Delete  |
| TITLE                      | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Dewayne Williams* *DEWAYNE* *1-30-08* *850-457-3741*