

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000001906 (6)

1. Corporation Name

BARIN FIELD MISSIONARY BAPTIST YOUTH CAMP, INC.



Principal Place of Business

7400 FABIANO ST
PENSACOLA FL 32506

Mailing Address

7400 FABIANO ST
PENSACOLA FL 32506

3. Date Incorporated or Qualified
04/18/1994

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

WILLIAMSON, JOHN M
7400 FABIANO ST
PENSACOLA FL 32506

4. FEI Number
58-2129577

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

10. Name and Address of New Registered Agent

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

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
WILLIAMSON, JOHN M
7400 FABIANO ST
PENSACOLA FL 32506

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VT
SOUTHERN, RICHARD
5908 FOSTER ST
PENSACOLA FL 32526

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S
WILLIAMSON, HELEN M
7400 FABIANO ST
PENSACOLA FL 32506

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

T
RAY, SANDRA D
6704 FABIANO ST
PENSACOLA FL 32506

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

T
WILLIAMS, ALBERT D
17 ST REGIS DR
PENSACOLA FL 32505

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

T
BLACKMON, BOBBY
716 BELAIR RD
PENSACOLA FL 32505

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/96 (904) 456-6166
Date Daytime Phone

0017363

CR2E037 (3/96)