

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 10 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**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 32506-5017**

3. Date Incorporated or Qualified

**04/18/1994**

3a. Date of Last Report

**08/14/1996**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**WILLIAMSON, JOHN M  
7400 FABIANO ST  
PENSACOLA FL 32506**

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 *John M. Williamson*

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

(NOTE: Registered Agent signature required when reinstating)

**3/4/97**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAMSON, JOHN M</b>	
STREET ADDRESS	<b>7400 FABIANO ST</b>	
CITY - ST - ZIP	<b>PENSACOLA FL 32506</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> DELETE
NAME	<b>SOUTHERN, RICHARD</b>	
STREET ADDRESS	<b>5908 FOSTER ST</b>	
CITY - ST - ZIP	<b>PENSACOLA FL 32528</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAMSON, HELEN M</b>	
STREET ADDRESS	<b>7400 FABIANO ST</b>	
CITY - ST - ZIP	<b>PENSACOLA FL 32506</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>RAY, SANDRA D</b>	
STREET ADDRESS	<b>6704 FABIANO ST</b>	
CITY - ST - ZIP	<b>PENSACOLA FL 32506</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAMS, ALBERT D</b>	
STREET ADDRESS	<b>17 ST REGIS DR</b>	
CITY - ST - ZIP	<b>PENSACOLA FL 32505</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>BLACKMON, BOBBY</b>	
STREET ADDRESS	<b>716 BELAIR RD</b>	
CITY - ST - ZIP	<b>PENSACOLA FL 32505</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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: *John M. Williamson***3/4/97 (904) 456-6166**

CR2E037 (9/96)