2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N94000001906

1. Entity Name

BARIN FIELD MISSIONARY BAPTIST YOUTH CAMP,



FILED May 10, 2005 8:00 am Secretary of State 05-10-2005 90116 039 ****61.25

Principal Place of Business		Mailing Address						
6704 FABIANO STREET PENSACOLA FL 32506		6704 FABIANO ST PENSACOLA FL 32506			. ህሀሀብተያውል			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E037 (10/04)				
City & State		City & State		4. FEI Number	4. FEI Number			
Zip	Country	Zip	Country	5. Certificate of S		\$8.75 Add Fee Require		
	6. Name and Address of Current	t Registered Agent		7. Name and Ad	dress of New Registered /	Agent		
			Name					
SOUTHERN, RICHARD 5908 FOSTER STREET PENSACOLA FL		Street Address		ddress (P.O. Box Number is	ess (P.O. Box Number is Not Acceptable)			
FEIN	SACOLA FL							
Recho			City		FL	Zip Cod		
8. The above	named entity submits this statement fions of registered agent.	or the purpose of changing its	registered office o	registered agent, or both, i	n the State of Florida. I am t	familiar with,	and accept	
ine obligat	-P - D - A	·0		P	-			
SIGNATURE.	Signature, typed or printed name of tegistered agen	and title if conjugable (NOTE	- Pearstand Agent mann	UCHARD O	DUTHERN DATE			
65.	agricult, typed of printed rearis of logistored agen	in and will in applicable (NOTE	- Negistarad Again signal	nie radonec wier reinstatzig)	DATE			
	FILE NOW: FEE IS \$61,25 Due By May 1, 2005	9. Election Car Trust Fund C	npaign Financing	\$5.00 May Be	Make Check Florida Depar			
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12. If 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: T

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-1363