

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

**FILED**  
**May 10, 2005 8:00 am**  
**Secretary of State**

05-10-2005 90116 039 \*\*\*\*61.25

**DOCUMENT # N94000001906**

1. Entity Name

**BARIN FIELD MISSIONARY BAPTIST YOUTH CAMP,  
INC.**



Principal Place of Business

**6704 FABIANO STREET  
PENSACOLA FL 32506**

Mailing Address

**6704 FABIANO ST  
PENSACOLA FL 32506**

00001606



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**58-2129577**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOUTHERN, RICHARD  
5908 FOSTER STREET  
PENSACOLA FL**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

*Richard Southern*

*RICHARD SOUTHERN*

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
SOUTHERN, RICHARD  
5908 FOSTER ST  
PENSACOLA FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TRUSTEE** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VT  
WILLIAMSON, JOHN M  
7400 FABIANO ST  
PENSACOLA FL 32526** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
GREESON, SANDY  
1341 GRACE AVENUE  
PANAMA CITY FL 32401** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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  
☐ Change ☐ Addition

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  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
ALLEN, RALPH H  
2415 FARRIS AVE  
PENSACOLA FL 32526** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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:

*Richard Southern*

*RICHARD SOUTHERN*

Date

Daytime Phone #

*941-1363*