FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N9500003777 (8)

NEW BIRTH BAPTIST CHURCH OF PENSACOLA, INC.

Principal Place of Business

Mailing Address

1610 NORTH "O" STREET PENSACOLA FL 32505 1610 NORTH "O" STREET PENSACOLA FL 32505 FILED
Apr 12 1996 8:00 am
Secretary of State

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4334438 Daytime Phone!

				3. Date Incorporated or Qualified 08/07/1995	3a. Date of Last Report			
Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For			
21 NEW	BIRTH BAPTIST	26 1610 NORTI	H "Q" STREET	59-2587249	Not Applicable			
Suite, Apt. CHUR	CH OF PENSACOLA	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State PENS	ACOLA, FLORIDA	City & State PENSACOLI	A, FLORIDA	Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees			
Zip	Country	Zip	Country	8. This corporation has liability for inte	angible tax under s. 199.032,			
24 32505 25 ESCAMBIA 29 32505 30 ESCA								
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
BROWN, CHARLES 1610 NORTH "Q" STREET 81 Name Churles T3 ROWN Street Address (P.O. Box Number is Not Acceptable) 389 HOULUNCE AVE.								
PENSAC	OLA FL 32505		83	ļ				
, ♥	84 City Prosect 19 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.								
	Charles S		DIEG PROUN	2-4-9	7 (v			
SIGNATURE _	Signature, typed or printed name of registered agent an	d tille if applicable (NOTI	ARLES BROWN E: Registered Agent signature required v	when reinstating)	DATE			
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	FRS AND DIRECTORS IN 12			
TITLE	D	DELETE	1.1 TITLE		Change Addition			
NAME	FINDLEY, WALTER		1.2 NAME					
STREET ADDRESS	3209 WEST CROSS STREET		1.3 STREET ADDRESS					
CITY-ST-ZIP	PENSACOLA FL 32505		1.4 CITY - ST - ZIP					
TITLE	D	DELETE	2 1 TITLE		☐ Change ☐ Addition			
NAME	BROWN, CHARLES		2.2 NAME					
STREET ADDRESS	3897 HOLLYWOOD AVENUE		2 3 STREET ADDRESS					
CITY-ST-ZIP	PENSACOLA FL 32505		2. 4 CITY-ST-ZIP					
TITLE	D	DELETE	31 TITLE		Change 🗀 Addition			
NAME	BURKETTE, TIMOTHY		3.2 NAME *					
STREET ADDRESS	4600 TWIN OAKS DRIVE		3.3 STREET ADDRESS					
CITY-ST-ZIP	PENSACOLA FL 32506	<u> </u>	3.4. CITY-ST-ZIP					
TITLE	D	DELETE	4.1 TITLE		☐ Change ☐ Addition			
NAME	JACKSON, CLIFFORD		4. 2 NAME					
STREET ADDRESS	22 ARCHER AVENUE		4 3 STREET ADDRESS					
CITY-ST-ZIP	PENSACOLA FL 32505	Doc str	4.4 CITY - ST - ZIP					
TITLE	SD STANIEW DECTIVE	DELETE	51 TITLE		Change Addition			
NAME	STANLEY, BERTHA		5 2 NAME					
STREET ADDRESS	72 MORRIS COURT		5 3 STREET ADDRESS					
CITY - ST - ZIP	PENSACOLA FL 32505	Dr. etc	5.4 C/TY-\$1-Z/P	~~?^^^	9912			
TITLE	D IN MED MAILLIAM	DELETE	6.1 TITLE	70000177: -04/15/960101:	S-S A Change Addition			
NAMÉ	ULMER, WILLIAM 1610 NORTH "Q" STREET		6.2 NAME 4	***61.25				
STREET ADDRESS	PENSACOLA FL 32505		6.3 STREET ADDRESS	······································				
CITY-ST-ZIP		th this filing is valuntarily furnis	6.4 CITY-ST-ZIP	the exemption stated in Section 110.07	(2)/b) Florida Statutas I further			
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 certify 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.								