

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90003 002 ****61.25

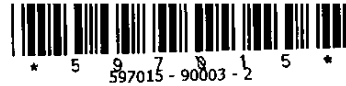
DOCUMENT # N95000003777

1. Corporation Name

NEW BIRTH BAPTIST CHURCH OF PENSACOLA, INC.

Principal Place of Business
1610 NORTH "Q" STREET
PENSACOLA FL 32505

Mailing Address
1610 NORTH "Q" STREET
PENSACOLA FL 32505



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	08/07/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2587249
City & State	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Zip	Country	Trust Fund Contribution
24	25	29
Country	Zip	Country
25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, CHARLES
3897 HOLLYWOOD AVE
PENSACOLA FL 32505

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

CHARLES BROWN

7-17-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME	FINDLEY, WALTER	1.2 NAME	Sandra Collins
STREET ADDRESS	3209 WEST CROSS STREET	1.3 STREET ADDRESS	3210 W. CROSS ST
CITY-ST-ZIP	PENSACOLA FL 32505	1.4 CITY-ST-ZIP	Pensacola, Fla. 32505
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME	BROWN, CHARLES	2.2 NAME	Joseph GRice
STREET ADDRESS	3897 HOLLYWOOD AVENUE	2.3 STREET ADDRESS	1610 N. "Q" Street
CITY-ST-ZIP	PENSACOLA FL 32505	2.4 CITY-ST-ZIP	Pensacola, Fla. 32505
TITLE	D ☒ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME	BURKETTE, TIMOTHY	3.2 NAME	Dorothy Davison
STREET ADDRESS	4600 TWIN OAKS DRIVE	3.3 STREET ADDRESS	3510 N. Grandview Ave.
CITY-ST-ZIP	PENSACOLA FL 32506	3.4 CITY-ST-ZIP	Pensacola, Fla. 32505
TITLE	D ☒ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME	JACKSON, CLIFFORD	4.2 NAME	JAMES DAVISON
STREET ADDRESS	22 ARCHER AVENUE	4.3 STREET ADDRESS	3510 N. Grandview Ave.
CITY-ST-ZIP	PENSACOLA FL 32505	4.4 CITY-ST-ZIP	Pensacola, Fla. 32505
TITLE	SD ☐ DELETE	5.1 TITLE	☐ Change ☒ Addition
NAME	STANLEY, BERTHA	5.2 NAME	John McCants
STREET ADDRESS	72 MORRIS COURT	5.3 STREET ADDRESS	1610 N. "Q" Street
CITY-ST-ZIP	PENSACOLA FL 32505	5.4 CITY-ST-ZIP	Pensacola, Fla. 32505
TITLE	D ☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ULMER, WILLIAM	6.2 NAME	
STREET ADDRESS	1610 NORTH "Q" STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32505	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

Charles Brown

Date

7-17-99

Daytime Phone #

4334438

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR