

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2009**  
**Secretary of State**

DOCUMENT# N95000003777

Entity Name: NEW BIRTH BAPTIST CHURCH OF PENSACOLA, INC.

**Current Principal Place of Business:**

1610 NORTH  
PENSACOLA, FL 32505

**New Principal Place of Business:**

**Current Mailing Address:**

1610 NORTH  
PENSACOLA, FL 32505

**New Mailing Address:**

FEI Number: 59-2587249      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BROWN, CHARLES  
7218 RAMPART WAY  
PENSACOLA, FL 32505      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T      ( ) Delete  
Name: JONES, DAVE  
Address: 112 N H ST  
City-St-Zip: PENSACOLA, FL 32501

Title: D      ( ) Delete  
Name: BROWN, CHARLES  
Address: 7218 RAMPART WAY  
City-St-Zip: PENSACOLA, FL 32505

Title: T      ( ) Delete  
Name: ROLLINGS, CATHERINE  
Address: 3311 W LLOYD ST  
City-St-Zip: PENSACOLA, FL 32505

Title: D      ( ) Delete  
Name: PAUL, HARRIS  
Address: 6275 MOCKING BIRD LN.  
City-St-Zip: PENSACOLA, FL 32503

Title: D      ( ) Delete  
Name: WELCH, TINA  
Address: 3809 WEST BLOUNT ST.  
City-St-Zip: PENSACOLA, FL 32502

Title: T      ( ) Delete  
Name: BLACK, JIMMIE  
Address: 1610 N  
City-St-Zip: PENSACOLA, FL 32505

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV.FLOYD PEACOCK JR.

P

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date