

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90272 007 \*\*\*\*70.00

**DOCUMENT # N01000007243**

1. Entity Name

FIL-AM MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business

9301 GULF BCH HWY  
PENSACOLA FL 32507

Mailing Address

9301 GULF BCH HWY  
PENSACOLA FL 32507

2. Principal Place of Business

723 STAFFORD LANE

Suite, Apt. #, etc.

3. Mailing Address

723 STAFFORD LANE

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

Zip  
32506

Country  
USA

Zip  
32506

Country  
USA

4. FEI Number

59-3735789

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SOLIS, ROBERTO U REV.  
557 S 61 AVE, APT C  
PENSACOLA FL 32506

7. Name and Address of New Registered Agent

Name SOLIS, ROBERTO U. REV.

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

723 STAFFORD LANE

City PENSACOLA

FL

Zip Code  
32506

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Rev. Robert U. Solis 04/09/04

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

TITLE D  
NAME PEREZ, ELENA W  
STREET ADDRESS 910 BARTOW AVE  
CITY-ST-ZIP PENSACOLA FL 32507 ☐ Delete

TITLE D  
NAME ROBINSON, SAMUEL T JR  
STREET ADDRESS 408 THORN CT  
CITY-ST-ZIP PENSACOLA FL 32526 ☐ Delete

TITLE D  
NAME STEARMER, BIBIANA  
STREET ADDRESS 6852 LAKE JOANNE DR  
CITY-ST-ZIP PENSACOLA FL 32506 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  
NAME LEGASPI, HERMIN G.  
STREET ADDRESS 2331A SMITH AVE  
CITY-ST-ZIP PENSACOLA, FL 32507 ☐ Change ☒ Addition

TITLE D  
NAME MAHONE, DANIEL  
STREET ADDRESS P.O. BOX 224  
CITY-ST-ZIP LILIAN, ALABAMA 36549 ☐ Change ☒ Addition

TITLE D  
NAME LEONARD, GLENN  
STREET ADDRESS 3130 BELLVIEW AVE.  
CITY-ST-ZIP PENSACOLA, FL 32526 ☐ Change ☒ Addition

TITLE S  
NAME LEONARD, RHODA  
STREET ADDRESS 3130 BELLVIEW AVE.  
CITY-ST-ZIP PENSACOLA, FL 32526 ☐ Change ☒ Addition

TITLE T  
NAME ROBINSON, MILANIA S.  
STREET ADDRESS 408 THORN COURT  
CITY-ST-ZIP PENSACOLA, FL 32526 ☐ Change ☒ Addition

TITLE T  
NAME JENNINGS, CHARLES  
STREET ADDRESS 11107 BRIDGE CREEK DR.  
CITY-ST-ZIP PENSACOLA, FL 32506 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HERMIN LEGASPI 04 APR 2004 (850) 458-7476

Date

Daytime Phone #