
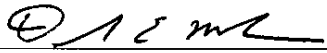
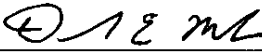


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90150 026 \*\*\*\*70.00

<b>DOCUMENT # N01000007243</b> 1. Entity Name <b>FIL-AM MISSIONARY BAPTIST CHURCH, INC.</b>					
Principal Place of Business <b>723 STAFFORD LANE PENSACOLA, FL 32506</b>			Mailing Address <b>723 STAFFORD LANE PENSACOLA, FL 32506</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3735789</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SOLIS, ROBERTO U REV. 723 STAFFORD LANE PENSACOLA, FL 32506</b>				7. Name and Address of New Registered Agent Name <b>DANIEL E. MAHONE</b> Street Address (P.O. Box Number is Not Acceptable) <b>723 STAFFORD LANE</b> City <b>PENSACOLA</b> <b>FL</b> Zip Code <b>32506</b>	
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  <b>DANIEL E. MAHONE, PASTOR</b> <b>042405</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PEREZ, ELENA W</b> <b>910 BARTOW AVE</b> <b>PENSACOLA, FL 32507</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ROBINSON, SAMUEL T JR</b> <b>408 THORN CT</b> <b>PENSACOLA, FL 32526</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>STEARMER, BIBIANA</b> <b>6852 LAKE JOANNE DR</b> <b>PENSACOLA, FL 32506</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>LEGASPI, HERMIN G</b> <b>2331A SMITH AVE.</b> <b>PENSACOLA, FL 32507</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MAHONE, DANIEL</b> <b>P.O. BOX 224</b> <b>LILLIAN, AL 36549</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>LEONARD, GLENN</b> <b>3130 BELLVIEW AVE.</b> <b>PENSACOLA, FL 32526</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b>  <b>DANIEL E. MAHONE</b> <b>042405</b> <b>251 961-7196</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					