


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90349 033 ****70.00

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DOCUMENT # N00275					
1. Entity Name FIRST BAPTIST CHURCH OF PENSACOLA, INC.					
Principal Place of Business 500 N PALAFOX ST. PENSACOLA, FL 32501 US		Mailing Address 500 N PALAFOX ST. PENSACOLA, FL 32501 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0725537	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BARROW, REGINIA D 3401 SCHIFKO RD CANTONMENT, FL 32533			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHELL, THURSTON A	NAME			
STREET ADDRESS	3905 SCENIC HWY	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32504	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LADNER, JOE B	NAME			
STREET ADDRESS	10100 HILLVIEW DR # 2204	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32514	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORRISON, WILLIAM A	NAME			
STREET ADDRESS	4550 BOHEMIA DR	STREET ADDRESS	10100 Hillview Dr #1201		
CITY-ST-ZIP	PENSACOLA, FL 32504	CITY-ST-ZIP	PENSACOLA FL 32514		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LANGSTON, EUGENE P	NAME			
STREET ADDRESS	7103 SCENIC HWY	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32503	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DICKSON, MAX L	NAME			
STREET ADDRESS	10101 CREST RIDGE DR	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32514	CITY-ST-ZIP			
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HICKS, LARRY K	NAME			
STREET ADDRESS	2312 MALYSA PLACE	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32504	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>William A Morrison</i>			4-17-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		