

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 701054

1. Entity Name
PENSACOLA CHILD EVANGELISM FELLOWSHIP, INC.



Principal Place of Business
**250 BRENT LANE
PENSACOLA, FL 32503 US**

Mailing Address
**BOX 18000
PENSACOLA, FL 32523 US**



04242006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0637896

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHELL, STEPHEN B
226 S. PALAFOX PLACE
9TH FLOOR, SEVILLE TOWER
PENSACOLA, FL 32501**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	HORTON, REBEKAH
STREET ADDRESS	250 BRENT LANE
CITY-ST-ZIP	PENSACOLA, FL
TITLE	PD
NAME	HORTON, ARLIN R
STREET ADDRESS	250 BRENT LANE
CITY-ST-ZIP	PENSACOLA, FL
TITLE	D
NAME	MULLENIX, JOEL
STREET ADDRESS	3236 WINDMILL CIRCLE
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/19/06-80025-022 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arlin Horton

4/27/2006

Date

(850)478-2480

Daytime Phone #