


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90012 034 \*\*\*\*61.25

<b>DOCUMENT # 701117</b> 1. Entity Name <b>EAST BRENT BAPTIST CHURCH, INC.</b>					
Principal Place of Business <b>4801 NORTH DAVIS HIGHWAY PENSACOLA, FL 32503</b>			Mailing Address <b>4801 NORTH DAVIS HIGHWAY PENSACOLA, FL 32503</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>PATTERSON, DR A DALE 4801 NO DAVIS HIGHWAY PENSACOLA, FL 32503</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ <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, 2004</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	<b>VPD SMITH, DON</b> <input type="checkbox"/> Delete <b>3112 BRITTANT TERRACE PENSACOLA, FL 32504</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD VAN MATRE, GEORGE</b> <input type="checkbox"/> Delete <b>405 YORK ST GULF BREEZE, FL 32561</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PATTERSON, DALE</b> <input type="checkbox"/> Delete <b>9625 PICKWOOD DR. PENSACOLA, FL 32514</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BA DAVIS, TERRELL</b> <input type="checkbox"/> Delete <b>705 JAMESTOWN DR GULF BREEZE, FL 32561</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HARRINGTON, ROBERT</b> <input checked="" type="checkbox"/> Delete <b>5029 FAIRCLOTH ST MILTON, FL 32571</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Mike Hand</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5642 Sandstone Dr Milton, FL 32571</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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> <i>Rh. O. Dale Patterson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/22/04 (850) 477-5812 <small>Date Daytime Phone #</small>		

1500 address