

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702705 (5)
1. Corporation Name
PENSACOLA BOULEVARD CHURCH OF CHRIST, INC.



Principal Place of Business Mailing Address
10050 N. PENSACOLA BLVD.
PENSACOLA FL 32534 10050 N. PENSACOLA BLVD.
PENSACOLA FL 32534

3. Date Incorporated or Qualified 07/19/1961 3a. Date of Last Report 05/18/1995

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2164493
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. Applied For
22 City & State 27 City & State Not Applicable
23 Zip Country 28 Zip Country 5. Certificate of Status Desired \$8.75 Additional
24 25 29 30 6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COSBY WILLIAM H.
9735 N. PALAFOX STREET
PENSACOLA FL 32534

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT DELETE
NAME COSBY, WILLIAM H
STREET ADDRESS 9735 N. PALAFOX STREET
CITY-ST-ZIP PENSACOLA FL
TITLE V DELETE
NAME HARRIS, BILL
STREET ADDRESS RT. 2, BOX 72
CITY-ST-ZIP CANTONMENT FL
TITLE S DELETE
NAME ANDERSON, ELBERT
STREET ADDRESS 9311 EVERSON DRIVE
CITY-ST-ZIP PENSACOLA FL
TITLE D DELETE
NAME WILLIS, FRANK
STREET ADDRESS 8349 GRADENIA CIR
CITY-ST-ZIP PENSACOLA FL
TITLE D DELETE
NAME MILLS, PERRY
STREET ADDRESS P.O. BOX 149, NA
CITY-ST-ZIP CANTONMENT FL
TITLE D DELETE
NAME GREEN, JOHN
STREET ADDRESS 9024 BELLINGTON RD
CITY-ST-ZIP PENSACOLA FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)