

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 APR 24 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 703105 (7)

1. Corporation Name

FIRST BAPTIST CHURCH OF ENSLEY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **50 W JOHNSON AVE PENSACOLA FL 32534-3772**
Mailing Address: **50 W JOHNSON AVE PENSACOLA FL 32534-3772**

3. Date Incorporated or Qualified: **11/01/1961**
3a. Date of Last Report: **07/01/1994**
4. FEI Number: **59-1089590**
Applied For: Not Applicable:

2. Principal Place of Business: **21**
2a. Mailing Address: **2a**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Country: **26**
City & State: **27**
City & State: **28**
Zip: **29** Country: **30**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**ESTES, WILLIAM C.
214 KAYLYN RD.
PENSACOLA FL 32514**

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------------|
| TITLE | TD |
| NAME | SALVAGGIO, CHARLES |
| STREET ADDRESS | 8605 CHEMSTRAND RD |
| CITY-ST-ZIP | PENSACOLA, FL 00000 |
| TITLE | TD |
| NAME | BREWTON, HENRY |
| STREET ADDRESS | 2789 SANDCREST DR |
| CITY-ST-ZIP | CANTONMENT, FL 0 |
| TITLE | D |
| NAME | MIDDLETON, JIM |
| STREET ADDRESS | 8912 N PALAFOX |
| CITY-ST-ZIP | PENSACOLA, FL 0 |
| TITLE | D |
| NAME | JOHNSON, SAM |
| STREET ADDRESS | 1421 DARBY |
| CITY-ST-ZIP | CANTONMENT FL 32533 |
| TITLE | D |
| NAME | ESTES, WILLIAM C. |
| STREET ADDRESS | 214 KAYLYN ROAD |
| CITY-ST-ZIP | PENSACOLA FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William C. Estes **William C. Estes** 4/18/95 (904)476-2221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date