

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 # 703105 (7)

1. Corporation Name
FIRST BAPTIST CHURCH OF ENSLEY, INC.



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: **04/24/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1089590		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
24	Zip	25	Country	29	Zip	30	Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ESTES, WILLIAM C. 214 KAYLYN RD. PENSACOLA FL 32514				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SALVAGGIO, CHARLES			1.2 NAME	Simpson, William		
STREET ADDRESS	8605 CHEMSTRAND RD			1.3 STREET ADDRESS	1597 Dolphin Rd.		
CITY-ST-ZIP	PENSACOLA, FL 00000			1.4 CITY-ST-ZIP	Cantonment, Fl. 32533		
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BREWTON, HENRY			2.2 NAME			
STREET ADDRESS	2789 SANDICREST DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	CANTONMENT, FL 0			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MIDDLETON, JIM			3.2 NAME			
STREET ADDRESS	8912 N PALAFOX			3.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 0			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, SAM			4.2 NAME			
STREET ADDRESS	1421 DARBY			4.3 STREET ADDRESS			
CITY-ST-ZIP	CANTONMENT FL 32533			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ESTES, WILLIAM C.			5.2 NAME			
STREET ADDRESS	214 KAYLYN ROAD			5.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: *William C. Estes* **William C. Estes** (904)476-2221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone # _____

CR2E037 (12/95)