

NON-PROFIT CORPORATION ANNUAL REPORT 1998



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.

FILED

98 NOV 18 AM 9:10



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

3. Date Incorporated or Qualified
11/01/1961
4. FEI Number
59-1089590 Applied For Not Applicable
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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

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

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 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 William C. Estes (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, WILLIAM	1.2 NAME	800002698948-5
STREET ADDRESS	1597 DOLPHIN RD.	1.3 STREET ADDRESS	-12/01/98-01060-003
CITY-ST-ZIP	CANTONMENT FL	1.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREWTON, HENRY	2.2 NAME	TD Robert Duke
STREET ADDRESS	2789 SANDICREST DR	2.3 STREET ADDRESS	406 Glory
CITY-ST-ZIP	CANTONMENT, FL 0	2.4 CITY-ST-ZIP	Pensacola, Fl. 32534
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIDDLETON, JIM	3.2 NAME	800002698948-5
STREET ADDRESS	8912 N PALAFOX	3.3 STREET ADDRESS	-12/01/98-01060-004
CITY-ST-ZIP	PENSACOLA, FL 0	3.4 CITY-ST-ZIP	****183.75 ****183.75
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	

REINSTATEMENT 98
TB. 11/20/98

14. 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 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 DATE: _____ DAYTIME PHONE #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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