


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90043 025 \*\*\*\*70.00

<b>DOCUMENT # 703105</b>					
1. Entity Name <b>FIRST BAPTIST CHURCH OF ENSLEY, INC.</b>					
Principal Place of Business 50 W JOHNSON AVE PENSACOLA, FL 32534			Mailing Address 50 W JOHNSON AVE PENSACOLA, FL 32534		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1089590</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ESTES, WILLIAM C 3354 BOLD RULER DRIVE CANTONMENT, FL 32533			Name <b>Henry, Jeffrey Scott</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>3043 Flint Lock Dr.</b>		
			City <b>Pensacola</b> FL Zip Code <b>32526</b>		
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 <i>Jeffrey Scott Henry</i>		SIGNATURE <i>Jeffrey Scott Henry</i>		DATE <b>2-24-04</b>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUKE, BOB		NAME		
STREET ADDRESS	406 GLORY ST.		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32534		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRISON, CHESTER		NAME		
STREET ADDRESS	1221 RIDGE WAY		STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT, FL 32533		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Deacon	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTES, WILLIAM C		NAME	Henry, Jeffrey S.	
STREET ADDRESS	3354 BOLD RULER DR		STREET ADDRESS	3043 Flint Lock Dr.	
CITY-ST-ZIP	CANTONMENT, FL 32533		CITY-ST-ZIP	Pensacola, FL 32526	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Henry, Jeffrey		NAME		
STREET ADDRESS	3043 Flint Lock Dr		STREET ADDRESS		
CITY-ST-ZIP	Pensacola, FL 32526		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE: <i>Chester D. Garrison Jr.</i>		DATE: <b>2-24-04</b>		DAYTIME PHONE #: <b>968-6897</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

