

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90343 049 ****70.00



DOCUMENT # 703105

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

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

Zip

Country

Zip

Country

4. FEI Number **59-1089590**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

William C Estes

WILLIAM C. ESTES

1-6-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$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 NAME	TD DUKE, BOB	<input type="checkbox"/> Delete
STREET ADDRESS	406 GLORY ST.	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE NAME	D JOHNSON, SAM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	32600 CEDAR RIDGE LN	
CITY-ST-ZIP	SEMINOLE FL 36574	
TITLE NAME	D GARRISON, CHESTER	<input type="checkbox"/> Delete
STREET ADDRESS	1221 RIDGE WAY	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE NAME	D ESTES, WILLIAM C	<input type="checkbox"/> Delete
STREET ADDRESS	3354 BOLD RULER DR	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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:

William C Estes

WILLIAM C. ESTES

1-6-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)