


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90045 016 ****61.25

DOCUMENT # 703341 1. Entity Name FIRST CHRISTIAN CHURCH OF PENSACOLA, FLORIDA, INC.					
Principal Place of Business 6031 GOODRICH DR. PENSACOLA, FL 32504			Mailing Address 6031 GOODRICH DR. PENSACOLA, FL 32504		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01032007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1026979				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NAGY, REBECCA 5751 GULF ROAD MILTON, FL 3258-3444			7. Name and Address of New Registered Agent Name ELLIS, MARION E. Street Address (P.O. Box Number is Not Acceptable) 1160 Peperidge Dr. City Pensacola FL Zip Code 32504		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE <u><i>Marion E. Ellis</i></u> Marion E. Ellis, Board Chairman <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 40%; text-align: right;"> <u><i>Jan 31, 2007</i></u> <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2007		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	BCD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUMERICKHOUSE, JOE		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	400 KILKENNY WAY		STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	CANTONMENT, FL 32533		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	VC		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELLIS, ED		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1160 PEPPERIDGE DRIVE		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	PENSACOLA, FL 32504		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLAR, BETTY		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	6781 NORTH ORIOLE AVE		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	PENSACOLA, FL 32504		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	TR		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHULTZ, SHERRY		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	4137 AQUA VISTA DR		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	PENSACOLA, FL 32504		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<input type="checkbox"/> Delete		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 information.					
SIGNATURE: <u><i>Marion E. Ellis</i></u> MARION E. ELLIS, BOARD CHAIRMAN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<u><i>Jan 31, 2007</i></u> <small>Date</small>				850-477-1642 <small>Daytime Phone #</small>	