

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704148 (6)
1. Corporation Name
SCHWAB DRIVE BAPTIST CHURCH OF PENSACOLA INC.



Principal Place of Business: **6525 SCHWAB DRIVE PENSACOLA FL 32504**
Mailing Address: **6525 SCHWAB DRIVE PENSACOLA FL 32504**

3. Date Incorporated or Qualified: **06/11/1962**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FEI Number: **59-1440245**
Applied For: Not Applicable

Suite, Apt. #, etc.: **22**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24** Country: **25** Zip: **29** Country: **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**DURHAM, BASIL A.
1309 E. BURGESS RD.
PENSACOLA FL 32504**

10. Name and Address of New Registered Agent
81 Name: **WARD, Orey D.**
82 Street Address (P.O. Box Number is Not Acceptable): **21 E. 10-Mile Rd.**
83
84 City: **Pensacola** FL 85 Zip Code: **32534**

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 agent 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: *Orey D. Ward* **Orey D. WARD** DATE: **4-21-96**
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARD, OREY D.	12 NAME	CHILDERS, Mrs. Kathryn
STREET ADDRESS	21 E. 10 MILE RD.	13 STREET ADDRESS	517 Hewitt Dr.
CITY-ST-ZIP	PENSACOLA FL	14 CITY-ST-ZIP	Pensacola, Fl. 32503
TITLE	D <input checked="" type="checkbox"/> DELETE	21 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARSONS, HAROLD N.	22 NAME	Maddox, Mrs. Leola
STREET ADDRESS	8531 JOY ST. P	23 STREET ADDRESS	2271 Arnold Ct.
CITY-ST-ZIP	PENSACOLA FL 32504	24 CITY-ST-ZIP	Pensacola, Fl. 32504
TITLE	TD <input checked="" type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURHAM, BASIL	32 NAME	
STREET ADDRESS	1309 E. BURGESS RD.	33 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32504	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	300001873289 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	-06/24/96--01037--019
STREET ADDRESS		63 STREET ADDRESS	***70.00
CITY-ST-ZIP		64 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: *Orey D. Ward* **Orey D. WARD** DATE: **4-21-96** DAYTIME PHONE #: **904 476 0844**
Signature and typed or printed name of signing officer or director

CR2E037 (12/95)