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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 704148

SCHWAB DRIVE BAPTIST CHURCH OF PENSACOLA INC.

Country

Principal Place of Business 6525 SCHWAB DRIVE PENSACOLA FL 32504

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

Zip

Mailing Address

6525 SCHWAB DRIVE PENSACOLA FL 32504

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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FILED Feb 10, 1999 8:00am **Secretary of State**

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3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

06/11/1962

59-1440245

4. FEI Number

9. Name and Address of Current Registered Agent WARD, OREY D 21 E. 10-MILE RD. PENSACOLA FL 32534 83	π Γ	Г.	ज्ञ	29	30			1	Trust Fund Contribution		. Added to	Fees	
WARD, OREY D 21 E. 10-MILE RD. PENSACOLA FL 32534 83 44 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Fiorida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent, and 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, and the provisions of Sections 617,0502 and 617,0503. Piorida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent, and marrial with, and accept the obligations of, Section 617,0503. Piorida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503. Piorida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503. Piorida Statutes. The above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Section 617,0503. Piorida Statutes. The above-name agent of directors, I hareby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617,0503. Piorida Statutes. The above-name agent of directors, I hareby accept the appointment as registered office or registered agent. I am familiar with, and accept the obligations of, Section 617,0503. Piorida Statutes. The above-name agent ag	4				1901					lew Registered	gent		
WARD, OREY D 21 E. 10-MILE RD. PENSACOLA FL 32534 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 agent, an affailiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, type or priside name of registered agent agent are minimated by the corporation's board of directors, I hareby accept the appointment as registered. SIGNATURE WARD, OREY D. OFFICERS AND DIRECTORS II 1.1 ITILE UARD, OREY D. STREET ADDRESS OFFI-SEP SAND DIRECTORS II 1.2 INME UARD, OREY D. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition WARD, OREY D. 13. TILE Change Addition UNIVERSAL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition UNIVERSAL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II 1.2 INME UARD, OREY D. 13. STREET ADDRESS OFFI-SEP ADDRESS OFFI-S		a. Mame a	and wooless of content t	Andieral on without		81 N	Name	1		_			
21 E. 10-MILE RD. PENSACOLA FL 32534 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 agent, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent tagent tage										<u> </u>			
PENSACOLA FL 32534 83	WARD, OREY D						82 Street Address (P.O. Box Number is Not Acceptable)						
PENSACOLA FL 32534 11. Pursuant to the provisions of Sections 617.0502 and 617.1506. Florida Statutes, the above-named corporation submits this statement for the purpose of chenging its 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, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, type or printed range and 158 of spoklasas. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D GELETE 11. TITLE D GELETE 11. TITLE TO DELETE 12. TOPE OBJECT ADDRESS STREET ADDRESS STREET ADDRESS 517 HEWITT DR. PENSACOLA FL 32503 DELETE 3. TITLE D MADDOX, LEGIA MRS. STREET ADDRESS 517 HEWITT DR. 2.2 NAME 2.3 STREET ADDRESS 517 HEWITT DR. 2.4 CMY-ST-2P TITLE D MADDOX, LEGIA MRS. 3.3 STREET ADDRESS 517 HEWITT DR. 2.4 NAME 3.3 STREET ADDRESS 517 HEWITT DR. 2.4 NAME 3.5 STREET ADDRESS 517 HEWITT DR. 2.5 NAME 3.5 STREET ADDRESS 517 HEWITT DR. Change Addition ADDRESS 517 HEWITT DR. Change Addition Addition Addition Addition ADDRESS 517 HEWITT DR. Change Addition Addition ADDRESS 518 FLETA DORESS 518 FLET	21 E. 10-N	vile RD.											
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 purpose of changing its registered agent, I am familiar with, and accept the obligations of, Section 617.0502 florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) D	PENSACO	LA FL 3253	34			83		1					
11. Pursuant to the provisions of Sections 617.0502 and 617.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature, hope or printed remain of implications of, Section 617.0503, Florida Statutes. (NOTE Registered Agent signature required when initiating)	1 2,10,100		•			84 (`itv				85 Zip C	ode	
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office or registered agent, or both, in the State of Priorition Succion 617.0509. Prioride Statutes. SIGNATURE The companies of the properties of the pr	11. Pursuant	to the provisi	ons of Sections 617.0502	and 617.1508, Florida Statu	ites, the a	bove-n	amed corp	oration	submits this statement fo	r the purpose of	changing its r	egistered	
SIGNATURE Signature, hood or printed rame of registered agent and Sie if applicable. (NOTE: Requisered Agent signature required when reinstating)	~66~~ ~ ·	agistarad ags	of or both in the State of	Fiorina Such change was	auu (0) 1260		e corporation	on's bo	ard of directors. I hereby	accept the appoir	tment as reg	istered	
Signature, typed or printed rame of registered agent and title if applicable. (NOTE Registered Agent agenture Part) Signature, typed or printed rame of registered agent agenture required with refamiliant	agent, I a	m familiar wit	h, and accept the obligation	ns of, Section 617.0003, Fi	Uliua Stati	u165.				•			
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITTLE	SIGNATURE			and title of months (NOT	E. Registered	Agent sk	onsture require	d when m	ainstating)	DATE			
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Country

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, with all other like empowered.

SIGNATURE:

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable