


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # 704148 1. Entity Name SCHWAB DRIVE BAPTIST CHURCH OF PENSACOLA INC.	
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Principal Place of Business 6525 SCHWAB DRIVE PENSACOLA, FL 32504	Mailing Address 6525 SCHWAB DRIVE PENSACOLA, FL 32504
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1440245	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROBBINS, LINDA S 6213 SARAH DR PENSACOLA, FL 32503

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, OREY D. 21 E. 10 MILE RD. PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHILDERS, KATHRYN MRS. 517 HEWITT DR. PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBBINS, LINDA S 6213 SARAH DR PENSACOLA, FL 32503
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100000186074
01/21/05-80043-008 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Kathryn Childers (Kathryn Childers) 1-18-05 859-472402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #