

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90072 008 ****61.25

DOCUMENT # 704148

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Esc

Zip

Country

Esc

6. Name and Address of Current Registered Agent

ROBBINS, LINDA S
6213 SARAH DR
PENSACOLA FL 32503

7. Name and Address of New Registered Agent

Name

Kathryn Childers

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

517 Hewitt St.

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.

SIGNATURE

Kathryn Childers

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

Kathryn Childers

(NOTE: Registered Agent signature required when reinstating)

1-22-06

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE D ☐ Delete
NAME WARD, OREY D.
STREET ADDRESS 21 E. 10 MILE RD.
CITY-ST-ZIP PENSACOLA FL

TITLE TD ☐ Delete
NAME CHILDERS, KATHRYN MRS.
STREET ADDRESS 517 HEWITT ST
CITY-ST-ZIP PENSACOLA FL 32503

TITLE D ☐ Delete
NAME ROBBINS, LINDA S
STREET ADDRESS 6213 SARAH DR
CITY-ST-ZIP PENSACOLA FL 32503

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowered.

SIGNATURE:

Kathryn Childers

Kathryn Childers 1-22-06

(PS)

4274012