


**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 Mailing Address
6525 SCHWAB DRIVE 6525 SCHWAB DRIVE
PENSACOLA FL 32504 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*

1st MOORE CR2E037 (10/05)

4. FEI Number Applied For
59-1440245 Not Applicable

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



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 *32502*

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* *Kathryn Childers* *1-22-06*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	WARD, OREY D.	
STREET ADDRESS	21 E. 10 MILE RD.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHILDERS, KATHRYN MRS.	
STREET ADDRESS	517 HEWITT DR. <i>ST</i>	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBBINS, LINDA S	
STREET ADDRESS	6213 SARAH DR	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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* *42740122*