

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Aug 31, 2009  
Secretary of State**

DOCUMENT# 704148

Entity Name: SCHWAB DRIVE BAPTIST CHURCH OF PENSACOLA INC.

**Current Principal Place of Business:**

6525 SCHWAB DRIVE  
PENSACOLA, FL 32504

**New Principal Place of Business:**

**Current Mailing Address:**

6525 SCHWAB DRIVE  
PENSACOLA, FL 32504

**New Mailing Address:**

FEI Number: 59-1440245      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CHILDERS, KATHRYN  
517 HEWITT ST  
PENSACOLA, FL 32504      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: WARD, OREY D.  
Address: 21 E. 10 MILE RD.  
City-St-Zip: PENSACOLA, FL

Title: TD      ( ) Delete  
Name: CHILDERS, KATHRYN MRS.  
Address: 517 HEWITT ST  
City-St-Zip: PENSACOLA, FL 32503

Title: D      ( ) Delete  
Name: ROBBINS, LINDA S  
Address: 6213 SARAH DR  
City-St-Zip: PENSACOLA, FL 32503

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MRS. KATHRYN CHILDERS

TD

08/31/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date