

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:36

DOCUMENT # **704847** (3)

1. Corporation Name
FAITH BAPTIST CHURCH OF PENSACOLA, INC.

Principal Place of Business Mailing Address
3600 CREIGHTON RD. PENSACOLA FL 32504 **3600 CREIGHTON RD. PENSACOLA FL 32504**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/27/1962** 3a. Date of Last Report **02/03/1994**
4. FEI Number **59-2393694** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

**PEARSON, RICHARD C.
4242 CAPRI DR.
PENSACOLA FL 32504**

10. Name and Address of New Registered Agent

81 Name **Braun, Ralph**
82 Street Address (P.O. Box Number is Not Acceptable) **255 Bobwhite Drive**
83 **Pensacola, FL 32514**
84 City **Pensacola** FL 85 Zip Code **32514**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

29 JAN 95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GUNDERSEN, GEORGE
STREET ADDRESS	3950 CROYDON ROAD
CITY - ST - ZIP	PENSACOLA FL
TITLE	P
NAME	MELOY, RICHARD C.
STREET ADDRESS	3600 CREIGHTON RD
CITY - ST - ZIP	PENSACOLA FL
TITLE	D
NAME	WILSON, STUART
STREET ADDRESS	3425 KEATING RD.
CITY - ST - ZIP	PENSACOLA FL
TITLE	T
NAME	PEARSON, RICHARD
STREET ADDRESS	4242 CAPRI DR
CITY - ST - ZIP	PENSACOLA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	Mr. Mark Pate
3.4 CITY - ST - ZIP	426 Okaloosa Ave. 32503 Pensacola, FL
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T
4.3 STREET ADDRESS	Mr. Ralph Braun
4.4 CITY - ST - ZIP	255 Bobwhite Drive Pensacola, FL 32514
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-95
Date

477434X
Daytime Phone #