


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 704847</b> 1. Entity Name <b>FAITH BAPTIST CHURCH OF PENSACOLA, INC.</b>	
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Principal Place of Business <b>3600 CREIGHTON RD. PENSACOLA FL 32504</b>	Mailing Address <b>3600 CREIGHTON RD. PENSACOLA FL 32504</b>
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MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address	4. FEI Number <b>59-2393694</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State	City & State	Zip	Country

<b>6. Name and Address of Current Registered Agent</b>
<b>PATE, MARK 2990 RAINES STREET PENSACOLA FL 32514</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
<b>FL</b> Zip Code

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 \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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 NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BORG, MARK</b> <input type="checkbox"/> Delete <b>10161 CANDLESTICK LANE</b> <b>PENSACOLA FL 32514</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>MELOY, RICHARD C.</b> <input type="checkbox"/> Delete <b>3600 CREIGHTON RD</b> <b>PENSACOLA FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>PATE, MR MARK</b> <input type="checkbox"/> Delete <b>2990 RAINES ST.</b> <b>PENSACOLA FL 32514</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>SPECK, DON</b> <input type="checkbox"/> Delete <b>600 CASCADE DRIVE</b> <b>PENSACOLA FL 32503</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U00000046120</b> <b>02/11/04-80089-026 61.25</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Mark Pate* **MARK T PATE, SR** 2/7/04 850-932-9300