


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # 704847

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



Principal Place of Business 3600 CREIGHTON RD. PENSACOLA, FL 32504	Mailing Address 3600 CREIGHTON RD. PENSACOLA, FL 32504
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DO NOT WRITE IN THIS SPACE



01192007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2393694	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PATE, MARK
 2990 RAINES STREET
 PENSACOLA, FL 32514**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORG, MARK 10161 CANDLESTICK LANE PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELOY, RICHARD C. 3600 CREIGHTON RD PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATE, MARK 2990 RAINES ST. PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPECK, DON 600 CASCADE DRIVE PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/26/07-80036-012 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *M. Pate* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: 1/19/2007 (850) 476-4496
 Daytime Phone #