


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90138 012 ****70.00

DOCUMENT # 709092 1. Entity Name FERRY PASS BAPTIST CHURCH, INC.					
Principal Place of Business 9270 NORTH DAVIS HIGHWAY PENSACOLA, FL 32514			Mailing Address 9270 NORTH DAVIS HIGHWAY PENSACOLA, FL 32514		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2351493	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILLIAMSON, WILLIAM G. 851 BARKSDALE STREET PENSACOLA, FL 32514			Name WILLIAMS, WILLIAM G. Street Address (P.O. Box Number is Not Acceptable) 1512 ZENDA ST. City PENSACOLA FL Zip Code 32514		
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 <i>William G. Williams</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 7/12/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, WILLIAM G.		NAME		
STREET ADDRESS	1512 ZENDA ST.		STREET ADDRESS		
CITY-ST- ZIP	PENSACOLA, FL		CITY-ST- ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STARKIE, EARLINE		NAME		
STREET ADDRESS	5850 GOODRICH DR.		STREET ADDRESS		
CITY-ST- ZIP	PENSACOLA, FL		CITY-ST- ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, ESTHER		NAME		
STREET ADDRESS	3551 SMITHS FISHEP RD		STREET ADDRESS		
CITY-ST- ZIP	PENSACOLA, FL 32514		CITY-ST- ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMSON, WILLAM		NAME		
STREET ADDRESS	851 BARKSDALE ST.		STREET ADDRESS		
CITY-ST- ZIP	PENSACOLA, FL		CITY-ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOPER, RON		NAME		
STREET ADDRESS	301 CAIN AVE		STREET ADDRESS		
CITY-ST- ZIP	PENSACOLA, FL		CITY-ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST- ZIP			CITY-ST- ZIP		
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: <i>Ron Cooper</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 7-12-06 Daytime Phone # 850-484-9236		