

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90090 033 \*\*\*\*61.25

|                                                                                                                                                                                                                               |                                               |                                                                                  |                                                                              |                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------|--|
| <b>DOCUMENT # 709092</b><br>1. Entity Name<br><b>FERRY PASS BAPTIST CHURCH, INC.</b>                                                                                                                                          |                                               |                                                                                  |                                                                              |                                                                            |  |
| Principal Place of Business<br><b>9270 NORTH DAVIS HIGHWAY<br/>PENSACOLA, FL 32514</b>                                                                                                                                        |                                               |                                                                                  |                                                                              | Mailing Address<br><b>9270 NORTH DAVIS HIGHWAY<br/>PENSACOLA, FL 32514</b> |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                |                                               | 3. Mailing Address                                                               |                                                                              |                                                                            |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                           |                                               | Suite, Apt. #, etc.                                                              |                                                                              |                                                                            |  |
| City & State                                                                                                                                                                                                                  |                                               | City & State                                                                     |                                                                              | 04262007 Chg-NP CR2E037 (12/06)                                            |  |
| Zip                                                                                                                                                                                                                           |                                               | Country                                                                          |                                                                              | 4. FEI Number<br><b>59-2351493</b>                                         |  |
|                                                                                                                                                                                                                               |                                               |                                                                                  |                                                                              | Applied For<br>Not Applicable                                              |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                     |                                               |                                                                                  |                                                                              | <b>\$8.75 Additional Fee Required</b>                                      |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                               |                                               |                                                                                  |                                                                              | 7. Name and Address of New Registered Agent                                |  |
| <b>WILLIAMS, WILLIAM G<br/>1512 ZENDA ST.<br/>PENSACOLA, FL 32514</b>                                                                                                                                                         |                                               |                                                                                  |                                                                              | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____                                                                                                                                       |                                               |                                                                                  |                                                                              |                                                                            |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>                                                                                                                                                                           |                                               | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                              | <b>\$5.00 May Be Added to Fees</b>                                         |  |
|                                                                                                                                                                                                                               |                                               | <b>Make check payable to<br/>Florida Department of State</b>                     |                                                                              |                                                                            |  |
| 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 checked="" type="checkbox"/> Delete | TITLE                                                                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                                                            |  |
| NAME                                                                                                                                                                                                                          | SMITH, ESTHER                                 | NAME                                                                             | TD                                                                           |                                                                            |  |
| STREET ADDRESS                                                                                                                                                                                                                | 3551 SMITHS FISHER RD                         | STREET ADDRESS                                                                   | LEE, BOBBIE                                                                  |                                                                            |  |
| CITY-ST-ZIP                                                                                                                                                                                                                   | PENSACOLA, FL 32514                           | CITY-ST-ZIP                                                                      | 7105 CALUMET COURT                                                           |                                                                            |  |
| TITLE                                                                                                                                                                                                                         | D <input checked="" type="checkbox"/> Delete  | TITLE                                                                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                                                            |  |
| NAME                                                                                                                                                                                                                          | COOPER, RON                                   | NAME                                                                             | D                                                                            |                                                                            |  |
| STREET ADDRESS                                                                                                                                                                                                                | 301 CAIN AVE                                  | STREET ADDRESS                                                                   | HOWELL, WILLIE R.                                                            |                                                                            |  |
| CITY-ST-ZIP                                                                                                                                                                                                                   | PENSACOLA, FL                                 | CITY-ST-ZIP                                                                      | 4384 BIXBY CIRCLE                                                            |                                                                            |  |
| 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                                                                      |                                                                              |                                                                            |  |
| 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: *Earline Starkie / EARLINE STARKIE* 4/26/07 (850) 476-0597