

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996-31-96

B-61004-C

DOCUMENT # 721933

(0)

1. Corporation Name

THE HERITAGE BAPTIST CHURCH OF PENSACOLA, INCORPORATED

Principal Place of Business

2200 WEST MICHIGAN AVE.
PENSACOLA FL 32526
US

Mailing Address

P.O. BOX 6544
PENSACOLA FL 32503-0544
US

3. Date Incorporated or Qualified
10/26/1971

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

30

4. FEI Number
59-2470331

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☒ No

9. Name and Address of Current Registered Agent

SCHOFIELD, DONALD
2369 SILVERSIDES LOOP
PENSACOLA FL 32506

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME SCHOFIELD, DONALD R.
STREET ADDRESS 2200 W MICHIGAN AVE.
CITY - ST - ZIP PENSACOLA FL

TITLE ☒ DELETE
NAME BARNES, JAMES
STREET ADDRESS 2200 W MICHIGAN AVE.
CITY - ST - ZIP PENSACOLA FL

TITLE ☒ DELETE
NAME MANLEY, JERALD L
STREET ADDRESS 2200 W MICHIGAN AVE
CITY - ST - ZIP PENSACOLA FL

TITLE ☒ DELETE
NAME HOWELL, TRUMAN
STREET ADDRESS 2200 W MICHIGAN AVE
CITY - ST - ZIP PENSACOLA FL

TITLE ☒ DELETE
NAME WARD, RICHARD
STREET ADDRESS 2200 W MICHIGAN AVE
CITY - ST - ZIP PENSACOLA FL

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME PD
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME D
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-23-96

9049445545

Date

Daytime Phone #

CR2E037 (12/95)