

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 732868

1. Entity Name
PINE FOREST BAPTIST CHURCH INCORPORATED



Principal Place of Business
**7600 PINE FOREST RD.
PENSACOLA, FL 32526-8707**

Mailing Address
**1011 BARNETT STREET
PENSACOLA, FL 32505**

DO NOT WRITE IN THIS SPACE



01132005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-0733937

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIS, JAMES D PASTOR
1011 BARNETT STREET
PENSACOLA, FL 32505**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000183395
01/19/05-2005-008 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIS, JAMES D. 1011 BARNETT ST. PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STALLWORTH, ROXIE 7900 STALLWORTH LANE PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRICE, LONNIE R 622 SAWARA CIRCLE PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *X James D. Willis (VP)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/05 (850)941-2171
Date Daytime Phone #