

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90044 038 ****75.00

DOCUMENT # 733277

1. Entity Name
THE BIBLE BAPTIST CHURCH, INC.



Principal Place of Business
JO-JO AND JERNIGAN ROADS
P. O. BOX 6102
PENSACOLA, FL 32503

Mailing Address
JO-JO AND JERNIGAN ROADS
P. O. BOX 6102
PENSACOLA, FL 32503

40007312



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01202005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1622155

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUGHES, WAYNE
1642 EAGLE STREET
PENSACOLA, FL 32533

Name **ROY L CLIPPER**

Street Address (P.O. Box Number is Not Acceptable)
7342 TEMPLETON RD

City **PENSACOLA** FL Zip Code **32506**

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 ROY L CLIPPER SEC/TREAS.
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

1/18/05
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**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **RUCKMAN, PETER**
STREET ADDRESS **5420 RAWSON LANE**
CITY-ST-ZIP **PENSACOLA, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **MITCHELL, ROBERT.**
STREET ADDRESS **1169 JO JO ROAD.**
CITY-ST-ZIP **PENSACOLA, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☒ Delete
NAME **HUGHES, WAYNE**
STREET ADDRESS **1642 EAGLE ST**
CITY-ST-ZIP **CANTONMENT, FL**

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **GERALD PIA**
STREET ADDRESS **250 SHAYTRAIL**
CITY-ST-ZIP **CANTONMENT, FL 32533**

TITLE **D** ☐ Delete
NAME **RUCKER, CARTER**
STREET ADDRESS **984 HIGHWAY 297 A**
CITY-ST-ZIP **CANTONMENT, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DONOVAN, BRIAN.**
STREET ADDRESS **4540 TRADEWINDS PL**
CITY-ST-ZIP **PENSACOLA, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CLIPPER, ROY**
STREET ADDRESS **7342 TEMPLETON ROAD**
CITY-ST-ZIP **PENSACOLA, FL**

TITLE **SEC/TREAS** ☒ Change ☐ Addition
NAME **ROY L CLIPPER**
STREET ADDRESS **7342 TEMPLETON RD**
CITY-ST-ZIP **PENSACOLA FL 32506**

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: ROY L CLIPPER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/05 850-453-6057
Date Daytime Phone #