

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90277 006 \*\*\*\*61.25

**DOCUMENT # 741936**

1. Entity Name

PINE FOREST ESTATES BAPTIST CHURCH, INC.



Principal Place of Business

2550 WEST NINE MILE ROAD  
PENSACOLA FL 32534

Mailing Address

2550 WEST NINE MILE ROAD  
PENSACOLA FL 32534

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2350604

Applied For

Not Applicable

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

SLIGER, MYRON K  
3178 LAKE SUZANNE DR.  
CANTONMENT FL 32533

Name

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

City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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 NAME	P SLIGER, MYRON K	<input type="checkbox"/> Delete
STREET ADDRESS	3178 LAKE SUZANNE DR.	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE NAME	ST SPANN, FRANCES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2550 WEST NINE MILE RD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE NAME	VD HELMS, BILLY W	<input type="checkbox"/> Delete
STREET ADDRESS	3451-E-KINGSFIELD RD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE NAME	D HILL, DON	<input type="checkbox"/> Delete
STREET ADDRESS	6250 FOUR STAR FARM ROAD	
CITY-ST-ZIP	MOLINO FL 32577	
TITLE NAME	D O'DELL, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS	7100 HOMELAND LANE	
CITY-ST-ZIP	MOLINO FL 32577	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	S Gipson, Grace	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4651 Wilde Lake Blvd	
CITY-ST-ZIP	Pensacola, FL 32526	
TITLE NAME	T Spann, Frances	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2550 West Nine Mild Rd	
CITY-ST-ZIP	Pensacola, FL 32534	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:** *Myron K Sliger*

Myron K. Sliger

4-7-04

968-2733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #