

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90105 002 \*\*\*\*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

20054430



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2350604

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

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

*Myron K. Sliger*

Myron K. Sliger

3-30-05

(Signature type, 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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	SLIGER, MYRON K	
STREET ADDRESS	3178 LAKE SUZANNE DR.	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SPANN, FRANCES	
STREET ADDRESS	2550 WEST NINE MILE RD	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HELMS, BILLY W	
STREET ADDRESS	3451 E KINGSFIELD RD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILL, DON	
STREET ADDRESS	6250 FOUR STAR FARM ROAD	
CITY-ST-ZIP	MOLINO FL 32577	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'DELL, DAVID	
STREET ADDRESS	7100 HOMEPLACE LANE	
CITY-ST-ZIP	MOLINO FL 32577	
TITLE	S P	<input type="checkbox"/> Delete
NAME	GIBSON, GRACE	
STREET ADDRESS	4651 WILDE LAKE BLVD.	
CITY-ST-ZIP	PENSACOLA FL 32526	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grace Gipson	
STREET ADDRESS	4651 Wilde Lake Blvd.	
CITY-ST-ZIP	Pensacola, FL 32526	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

*Grace Gipson*

Grace Gipson  
~~Myron K. Sliger~~

4-6-05

850-478-1691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #