


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

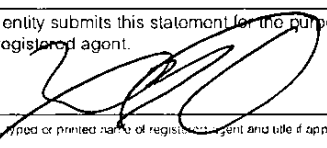
FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90058 026 ****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 - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent SLIGER, MYRON K 3178 LAKE SUZANNE DR. CANTONMENT FL 32533		7. Name and Address of New Registered Agent Name <u>Mike Davis</u> Street Address (P.O. Box Number is Not Acceptable) <u>8730 Sharon Lane</u> City <u>Pensacola</u> <u>FL</u> Zip Code <u>32534</u>	
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 		DATE <u>2/6/07</u>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 STREET ADDRESS CITY - ST - ZIP	P SLIGER, MYRON K 3178 LAKE SUZANNE DR. CANTONMENT FL 32533 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Mike Davis</u> <u>8730 Sharon Lane</u> <u>Pensacola, FL 32534</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GIPSON, GRACE 4651 WILDE LAKE BLVD PENSACOLA FL 32526 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HELMS, BILLY W 3451 E KINGSFIELD RD PENSACOLA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HILL, DON 6250 FOUR STAR FARM ROAD MOLINO FL 32577 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Stanley Merideth</u> <u>1968 Winners Circle</u> <u>Cantonment, FL 32533</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D O'DELL, DAVID 7100 HOMEPLACE LANE MOLINO FL 32577 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Russell King</u> <u>513 Ronda St</u> <u>Pensacola, FL 32513</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GRACE, GIP SON 4651 WILDE LAKE BLVD. PENSACOLA FL 32526 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/07 (850) 478-1691